

Examining a Sociocultural Model:  
Racial Identity, Internalization of the Dominant White Beauty Standards, and Body Images  
among Asian American Women

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## ABSTRACT

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A plethora of research has shown that body image dissatisfaction significantly impacts women's psychological well-being. However, most of the research studies have only focused on weight or body shape concerns. Little attention was paid to concerns related to other body parts. Additionally, the lack of research on Asian American women has resulted in limited knowledge about the manifestation of their body image concerns, which led to limited culturally-responsive treatments attending to their needs. This current study aimed to bridge the gap in current literature by examining the relationship between racial identity, internalization of the dominant White beauty standards, body image, and psychological distress among Asian American women. The potential ethnic differences in internalization of the dominant White beauty standards were explored. The last research question explored Asian American women's satisfaction with discrete body parts.

There was a total of 472 Asian American adult female participants for this current study. All of the participants completed a questionnaire package, which included a personal demographic sheet, the People of Color Racial Identity Attitude Scale (Helm, 1995), the Sociocultural Attitudes Towards Appearance Questionnaire-3 (Thompson, van den Berg, Roehing, Guarda, & Heinberg, 2004), and the Multidimensional Body Self Relations Questionnaire-Appearance Scales (Brown, Cash, & Mikulka, 1990). Path analysis showed

several significant results. First, the Awareness-Dominant racial profile was found to significantly associate with higher levels of Body Area Satisfaction. Second, Internalization-General was found to have a significant positive effect on Appearance Orientation and reverse effect on Self-Classified Weight. Third, findings showed that Pressures had a significant positive effect on Overweight Preoccupation and Self-Classified Weight, and negative effect on Appearance Orientation and Body Area Satisfaction. Results showed no ethnic group differences in the internalization of the dominant White beauty standards among Asian American women. Lastly, results showed that Asian American women in this study reported more satisfaction with their racially defined features than body parts that were related to weight, fat distribution, and fitness.

The findings make significant contributions by showing the importance of racial identity and internalization of the dominant White beauty standards in Asian American women's body image development and psychological well-being. Limitations, implications for clinical practices, and directions for future studies are discussed.

## TABLE OF CONTENTS

Chapter I	Introduction.....	1
Chapter II	Literature Review.....	7
	The Psychology of Physical Appearance: Attributes and Consequences.....	8
	Beauty is Good.....	8
	Beauty is Advantageous.....	9
	The Sociocultural Theories of Body Image.....	13
	The Thinness Ideals.....	15
	The Thinness Ideals and Women of Color.....	16
	The Preferred White Features .....	21
	Racial and Gendered Stereotypes of Asian American Women.....	22
	Racial Identity Status Attitudes.....	24
	Racial Identity Status Attitudes and Body Image.....	26
	Statement of the problem.....	31
Chapter III	Method.....	32
	Participants.....	32
	Instruments.....	36
	Personal Demographic Sheet.....	36
	People of Color Racial Identity Attitude Scale.....	36
	Strength of Endorsement Profiles.....	37
	Reliability and validity estimates.....	39
	Sociocultural Attitudes Towards Appearance Questionnaire -3.....	39
	Reliability and validity estimates.....	40

	Multidimensional Body Self Relations Questionnaire-Appearance	
	Scale.....	40
	Reliability and validity estimates.....	41
	Brief Symptom Inventory.....	42
	Reliability and validity estimates.....	43
	Procedure.....	43
Chapter IV	Results.....	45
	Preliminary analyses.....	45
	Primary analyses.....	46
Chapter V	Discussion.....	50
	Racial Identity, White Beauty Standards, Body Image, and Psychological	
	Distress.....	53
	Racial Identity and Body Image.....	54
	Internalization of the dominant White Beauty Standards and	
	Body Image.....	56
	Perceived Pressure and Body Image.....	57
	Race, Ethnicity, and Internalization of the dominant White Beauty Standards.....	58
	Satisfaction with Discrete Body Areas.....	60
	Limitations of the Study.....	66
	Implications for Clinical Practices.....	67
	Directions for Future Research.....	68
Figures.....		70
	Figure 1. Conceptual Path Relationships.....	70

Figure 2. Path Analysis.....	71
Tables.....	72
Table 1. Frequencies and Percentages of Demographic Variables with the U.S.-Born Group.....	72
Table 2. Frequencies and Percentages of Demographic Variables after Regrouping.....	74
Table 3. Strength of Endorsement Profiles Groupings.....	76
Table 4. Means, Standard Deviation, Range, and Reliability Coefficients for POCRIAS, MBSRQ-AS, BSI, and SATAQ-3 .....	77
Table 5. MANOVA Testing Main Effects of Demographic Variables on Instrument Subscales.....	79
Table 6. Correlations of Racial Identity Variables, Body Image Variables, and Internalization of the Dominant White Beauty Standard Variables.....	80
Table 7. Correlations of Racial Identity Variables and Psychological Distress Variables.....	81
Table 8. Correlations of Internalization of the Dominant White Beauty Standard Variables and Psychological Distress Variables.....	82
Table 9. Correlations of Body Image Variables and Psychological Distress Variables...	83
Table 10. Multiple Linear Regression: Body Areas Satisfaction predicted by the Internalization of the dominant White Beauty Standards.....	84
Table 11. MANOVA for Ethnicity and the Internalization of the White Beauty Standards.....	85
Table 12. Paired-Samples T- Test Comparing Asian American Women’s Levels of Satisfaction with Different Body Part Conditions.....	86

References.....	89
Appendices.....	102
Appendix A. Consent Form.....	108
Appendix B. Personal Data Sheet.....	110
Appendix C. People of Color Racial Identity Attitude Scale.....	112
Appendix D. Sociocultural Attitudes Towards Appearance Questionnaire -3.....	115
Appendix E. Multidimensional Body Self Relations Questionnaire-Appearance Scale.....	117
Appendix F. Reliability Estimates for POCRIAS.....	121
Appendix G. Preliminary Analysis: MANOVA for Testing Covariates.....	122



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On the night of my birthday, I had a dream. I was giving a speech during my graduation. Although unable to recall most parts, I can still hear the ending. Now at the end of my Ph.D. study, I realize it has been a journey to discover the most precious things in life. Thank you my dearest family, friends, mentors, and hometown Kinmen, Taiwan for nurturing me and showing me what love and compassion are.

“If not for all of you, I could not have come so far.”

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## Chapter I

### INTRODUCTION

Physical appearance is the most explicit personal information about individuals and may convey a person's race, gender, age, and possibly socioeconomic class and ability status (Cash, 1990). Physical appearance plays a salient role in social interactions and has a pervasive impact on the assumptions and behaviors of people we come in contact with, from strangers and acquaintances, to close friends and family. Across different cultures, people consistently show preferences and favorable assumptions about attractive appearances, beginning as early as infancy and continuing throughout the lifespan. In general, physically attractive individuals are perceived as being healthier, happier, more sociable, more intellectual, and more successful, compared to their less physically attractive counterparts. And the belief "what is beautiful is good" (and conversely, "what is not beautiful is bad") often leads to starkly different social treatment for physically attractive and unattractive people (Dion, Berscheid, & Walster, 1972; Eagly, Ashmore, Makhijani, & Longo, 1991; Langlois et al., 2000). For instance, physically unattractive individuals often experience recurrent appearance-based teasing (Akan & Grilo, 1995; Cash, 1995; Janssen, Craig, Boyce, & Pickett, 2004; Menzel et al., 2010; Oliver & Thelen, 1996) and penalties in employment opportunities and earnings (Hamermersh & Biddle, 1994; Harper, 2006), which result in a poorer quality of life than those considered to be attractive. Additionally, the effects of physical attractiveness are also seen on an individual's thoughts, feelings, and attitudes to his/her own body, which is termed "body image." When people are treated poorly based on their physical appearance, they often develop negative feelings about their body image. As extensive research studies indicate, the greater body image dissatisfaction people experience, the greater vulnerability they have to adverse psychological outcomes, such

as social anxiety, depression, eating disorders, and low self-esteem (e.g., Menzel et al., 2010; Want, 2009).

The majority of body image scholars (e.g., Fallon, 1990; Heinberg, 1996; Smolak & Striefel-Moore, 2001; Root, 2001) propose to conceptualize the development of body image as the result of sociocultural influences, including culturally determined beauty ideals, gender-role orientation, the media influence, and social reference group memberships. In American culture, physical attractiveness is still more central to women's gender expectation, identity, and self-esteem than men (Bar-Tal & Saxe, 1976; Striegel-Moore, Silberstein, & Rodin, 1986). Different from men whose actual competency is mostly valued, women's physical attractiveness is often a determinant of social consequences, such as employment opportunities, social desirability and interpersonal outcomes. This gender-specific physical attractiveness phenomenon encourages women to be attentive to and invest in their physical attractiveness (Cash, Ancis, & Strachan, 1997), which can undermine their psychological well-being and contribute to negative feelings about their body image. For instance, the mainstream American media provides women with unattainable ideals of thinness by using images of women who are much thinner than the majority of the American female population (Spitzer, Henderson, & Zivian, 1999). Thus, women, who try to conform but do not have bodies that would naturally meet the thinness standard, often become dissatisfied with their bodies and vulnerable to developing psychological problems, such as eating disorders or substance use.

Although an extensive body of research has confirmed the relationships among thinness ideals, body image dissatisfaction, and adverse psychological outcomes, those studies were based predominantly and exclusively on White American women (see Grabe, Ward, & Hyde, 2008, for meta-analytic review). Since women of color have typically been left out of body image

research, little is known about the manifestation of their body image disturbances. As a result, research findings based on White American females have often been generalized to all women (Zinn, 1990) and the majority of existing treatment programs may neither be proper for assessing body image disturbances of women of color, nor effective in treating their culturally-sensitive issues (Cummins & Lehman, 2007; Smolak & Stiregel-Moore, 2001; Root, 2001; Yokoyama, 2007). The exclusion of women of color in body image studies may reflect the assumption that body image issues are the White, upper-middle class, female phenomenon, and the cultural contexts of women of color may provide “protection” against developing body image disturbances (Root, 1990, 2001). However, recent research studies show that women of color also experience body image disturbances and yet there are variations in the causes and manifestations of their issues. For example, compulsive eating and emotional eating, although not criteria for an eating disorder diagnosis, have been cited as the manifestations of women of color’s disordered eating behaviors (Harris, 1995; Root, 2001). Different from White American women, the reason for developing disordered eating behaviors may not only be the societal pressure in pursuing thinness and may be related to their experiences as a racial minority (Hall, 1995; Root, 1995; Yokoyama, 2007).

Beauty standards are the reflection of cultural patterns in a society (Fallon, 1990). Since White American culture has dominated the value systems in the United States, what is considered as beautiful or not is mainly based on the White American aesthetics. For women of color, some aspects of the dominant White beauty standard are simply unattainable given the differences in their natural body structures. Consequently, women of color who highly internalize the dominant White beauty standard often report increased body image dissatisfaction and psychological distress (Akan & Grilo, 1995; Evans & McMornell, 2003; Helb & Heatherton,

1998; Mintz & Kashubeck, 1999). However, research studies have shown that the level of psychological identification with women of color's culture of origin and White culture is significantly related to the degree to which women of color internalize the dominant White beauty standards and develop body image dissatisfaction (Harris, 1995; Mintz & Kashubeck, 1999). For instance, women of color, who predominantly endorse the conformity status of racial identity, are more likely to be unaware or reject their culture-of-origin, attempt to be accepted by the dominant White beauty standard, and report greater body image dissatisfaction and psychological distress (Harris, 1995; Root, 1990). Thus, the important role racial identity plays in understanding women of color's body image development in their bicultural context needs to be considered. More importantly, examining women of color's racial identity can also help us understand what racial identity statuses may increase the resilience or vulnerability of internalizing the dominant White beauty standard and/or developing body image dissatisfaction. These research findings will make valuable contributions to the development of culturally-sensitive prevention and treatment for women of color.

Although women of color's racial-cultural heritage may serve as a protection against developing body image dissatisfaction and disturbances, there are variations among women from different racial minority groups. For instance, while greater identification with Asian American culture is found to increase the risk for developing body image dissatisfaction among Asian American women (Wildes, Emery, & Simons, 2001), Black American women tend to feel more positive about their body when strongly endorsing their racial-cultural heritage (Evans & McMornell, 2003; Harris, 1995; Helb & Heatherton, 1998). These research findings show that whether women of color's racial-cultural heritage can be a protection or not varies across

different racial groups given their different cultural values and sociopolitical history with the dominant White American culture.

Among women of color, Black American women have received the most attention in recent years, whereas little attention has been paid to women from other racial minority groups. Asian American women, in particular, have been neglected in psychology research and there is limited literature about the manifestations of their body image disturbances. Perhaps, Asian American women's tendency to conceptualize their psychological problems in ways that would not lead to seeking mental health help (e.g., somatization) contribute to the absence of psychological research examining their psychological issues (Root, 1995). When scholarship has focused on weight concerns and eating disorders, Asian American women's natural small body frame also contributes to the assumption that they do not suffer from body image issues (Grabe & Hyde, 2006). However, research studies have shown that Asian American women not only have weight concerns and suffer from eating disorders, but they also have unique body part concerns that differentiate their experiences from other women (Wildes, Emery, & Simons, 2001; Mok, 1998). Their unique experience with body image is often the result of racial stereotyping (Hall, 1995; Root, 1995; Yokoyama, 2007).

The notion that Asian American women are part of the "model minority" group who have successfully assimilated into mainstream American culture not only masks Asian American women's struggle with their body image but also increases their psychological pressure to measure up to the dominant White beauty standard (Chou & Feagin, 2008; Kawamura & Rice, 2008). The "foreigner" perception of Asian American women and negative media portrayals of their racially-defined features also distance them from the mainstream America (Hall, 1995; Lee, Wong, & Alvarez, 2008). As a result, some Asian American women may experience increased

body image dissatisfaction and make efforts to alter their physical features (e.g., eyes or nose reconstruction surgery) in order to be accepted by the dominant culture (Hall, 1995; Mok, 1998). The dearth of research on how racial-cultural heritage and racial minority status influence Asian American women's body image continues to have their body image experiences defined through a White American female lens (Poran, 2002) or have their body image disturbances treated by treatments lacking cultural sensitivity. Therefore, this study intended to bridge the gap in existing literature and body image treatments by adopting a sociocultural framework to investigate the relationships among racial identity, internalization of the dominant White standard, and body image among Asian American women.

## Chapter II

### LITERATURE REVIEW

Extensive research studies have verified the pervasive impacts of physical attractiveness on women's lives, particularly the relationship between their body image and psychological outcomes. However, the dearth of research on women of color has resulted in limited knowledge about the manifestation of their body image disturbances and the lack of culturally-sensitive treatments attending to their needs. Asian American women, in particular, have been left out of this area of research. The notion that Asian American women are "model minorities" who have successfully assimilated into mainstream American culture not only masks Asian American women's struggles with their body image but also increases their psychological pressure to meet the dominant White beauty standards. The pervasive "foreigner" perception, negative media portrayals and getting teased of their racially-defined features also create and deepen Asian American women's sense of not belonging to mainstream American culture. As a result, many Asian American women experience greater dissatisfaction with their body image and invest in cosmetics or surgery to alter their physical features (e.g., eyes or nose reconstruction surgery) in order to match the dominant White beauty standards. Thus, when studying Asian American women, understanding their experiences with racial minority status as well as their psychological identification with their Asian American culture and the dominant White culture is crucial.

In order to place the study of racial identity, internalization of the dominant White beauty standards, and body image among Asian American women into context and to provide a theoretical framework for the research inquiries of this study, Chapter II will review theoretical and empirical literature. The review will first examine existing knowledge concerning physical appearance, such as attributes and differential social treatments. It continues with sociocultural



theories of body image and examines various sociocultural factors studied in previous research. Next, a literature review of Asian American women's racial minority status and body image will follow. The last section is a review of racial identity theory and research studies that examined the role of racial identity in body image development.

### **The Psychology of Physical Appearance: Attributes and Consequences**

#### *Beauty is Good*

People are taught to “never judge a book by its cover;” however, reality is usually quite the opposite. Our appearance is one of the most obvious and accessible personal characteristics that presents itself before the rest in social interactions (Dion et al., 1972). Therefore, how other people perceive our “cover” inevitably influences the way they judge and treat us. Indeed, people, across age, gender, race, and culture, seem to have an innate sense of what is physically attractive and a natural tendency to favor physically attractive people. Scholar Judith H. Langlois' (1987, 1990) groundbreaking research studies have corroborated this aspect of human nature. In an earlier study (Langlois et al., 1987), younger infants (2 to 8 months old) were shown female facial photos that were previously rated as attractive or unattractive by other adults. They found that younger infants gazed significantly longer at the attractive faces than the unattractive ones. When a follow-up study was conducted on 12-month-old infants (Langlois, Roggmen, & Rieser-Danner, 1990), they not only observed the same visual preference but also found more positive affect, involvement, and less resistance to those with attractive faces. These research findings showed that people have inborn standards and preferences associated with physical attractiveness even before they are old enough to learn which standards and preferences society deems appropriate. Similarly, school children are found to perceive physically unattractive peers as more antisocial and aggressive and physically attractive peers as more

independent, fearless, and self-sufficient (Dion & Berscheid, 1974; Lerner & Lerner, 1977). Physically attractive students have more favorable peer interactions and teachers' appraisals of academic ability and adjustment. Without exception, adults also consistently perceive physically attractive people as more sociable, intelligent, likable, healthy, honest, sexually warm, and successful than their less attractive counterparts (Dion et al., 1972; Eagly et al., 1991; Langlois et al., 2000). Those research studies showed that not only do people have an inborn preference for physical attractiveness, but they also attribute positive qualities to a physically attractive individual, whether he or she is a stranger or familiar person.

In our daily life, this perception that "beauty is good" (Dion et al., 1972) is also constantly portrayed and, at the same time, reinforced by the media. Watching Hollywood movies, we often see physically attractive characters show good morality, drive expensive cars, live in luxurious homes, and enjoy social life and success. Both life and research have demonstrated people's pervasive belief in "good things go together." What remains open to investigation, however, is how this beauty-is-good assumption (or conversely, "ugly-is-bad") translates behaviorally into differential treatments and impacts both the corporeal and psychological aspects of people's lives (e.g., see Langlois et al., 2000, for meta-analytic review).

### *Beauty is Advantageous*

A theme that emerges early in life is that it pays to be physically attractive. Research studies (e.g., Langlois, Ritter, Casey, & Sawin, 1995; Hildebrandt & Fitzgerald, 1983) found that, although physically attractive and unattractive infants both had adequate care in their study, attractive infants received more social-bonding behaviors (e.g., kissing, cooing, or smiling) from their caregivers. Fathers also exhibit more antipathy toward unattractive than attractive children (Elder, Nguyen, & Caspi, 1985). This series of research studies suggested that the greater

positive responses may give physically attractive infants advantages in developing a secure infant-caregiver connection, which has a lifelong impact on their future relationships (Hildebrandt & Fitzgerald, 1983). The benefits of physical attractiveness have also been shown in other social interactions. For example, physically attractive children and adolescents often report greater popularity and social status among peers (Boyatzis, Baloff, & Durieux, 1998; Dion & Berscheid, 1974; Langlois, et al., 2000; Lerner & Lerner, 1977; Vaughn & Langlois, 1983) and good-looking heterosexual individuals also report greater intimacy and satisfaction in their romantic experiences (Ambwani & Strauss, 2007; Feingold, 1990; Walster, Aronson, & Abrahams, 1966). With regard to job-related outcomes, physically attractive employees tend to receive better wage and job prospects (e.g., promotion) because they are perceived as having more personality traits and qualifications necessary for success (Hamermesh & Biddle, 1994; Hosoda, Stone-Romero, & Coats, 2003). Positive consequences of physical attractiveness in other domains of life include receiving more positive evaluations of intelligence, academic grades and social skills (Ritts, Patterson, & Tubbs, 1992), having favorable jury judgments (Sigall & Ostrove, 1975), gaining higher chances of electoral success (Hamermesh, 2006), receiving more help from others (Benson, Karabenick, & Lerner, 1976), as well as eliciting more honesty (Sroufe, Chaikin, Cook, & Freeman, 1977) and efforts to please from others (Sigall, Page, & Brown, 1971). These tangible advantages not only benefit practical aspects of people's lives but also result in psychological outcomes. As research has shown, physically attractive individuals often have better self-esteem, better adjustment, more social life satisfaction, more positive emotional experiences, and better body image (Langlois et al., 2000).

On the contrary, not only are physically unattractive people excluded from the aforementioned advantages, but they also receive treatments that may be harmful in life.

Appearance-based teasing/bullying has found to be prevalent from elementary school to college and is predictive of negative psychological outcomes. The long-lasting effect of recurrent appearance criticism during childhood is often revealed in poor appearance evaluation in one's adulthood (Cash, 1995). Research findings consistently show that physically unattractive individuals, who have experienced name-calling (e.g., "bubble butt," "beak," "porky") or other forms of bullying (e.g., withdrawing friendship, spreading rumors, or physical assault), are likely to become dissatisfied with their body which in turn increases their vulnerability to developing eating disorders, depression, and social anxiety (Akan & Grilo, 1995; Cash, 1995; Janssen et al., 2004; Menzel et al., 2010; Oliver & Thelen, 1996). For individuals of racial minority groups, being teased about their racially distinctive features not only increases body image dissatisfaction and disordered eating behaviors (Iyer & Haslem, 2003) but also creates and deepens the sense of not belonging to the dominant White American culture (Kawamura & Rice, 2008). As a result, people of color, who have a strong desire to be accepted by the White American culture, may distance themselves from their racial-group and try to meet the White American aesthetic standards.

With regard to the differential treatments in the labor market, people perceived as less physically attractive or having the "wrong look" often experience penalty in employment opportunities and earnings. According to Hamermersh and Biddle (1994), workers of below-average physical attractiveness earn about 10 to 15 percent less than workers of above-average physical attractiveness in the U.S. labor market. Women with obesity, in particular, are consistently found to experience a significant pay penalty (Harper, 2006). Also, there is an emerging yet controversial trend toward hiring people with the "right look," particularly in retail and service industries. Employers believe that those employees can appeal to customers,

represent the distinctive company image, increase commercial gains, and bring success (Warhurts, van den Broek, Hall, & Nickson, 2009). The results of this trend are fewer job opportunities and more adverse working environments for people who are not endowed with desirable physical features. And as a recent survey indicated, 16 percent of Americans believed that they have experienced unequal employment opportunities and treatments because of their appearance (Labor Research Department, 2005).

To sum up, consequences of physical attractiveness are both tangible and psychological and have a pervasive impact on individuals' lives. In the past few decades, social psychologists have devoted extensive attention to understanding the external, objective attributes of appearance and their social implications for human development and interpersonal relationships. Research studies have shown us how advantages given to physically attractive people often help them sail through school, work, and the social world, while their unattractive counterparts may have difficulties in receiving compliments, making friends, or securing a job. In addition, differential treatments also have the psychological impact of the internal, subjective aspect of physical attractiveness. It is often termed as body image, a multidimensional concept that includes "the perceptions, attitudes, emotions, and personality reactions of the individual in relation to one's own body" (Kolb, 1959, p.751) and is significantly related to one's self-esteem and health outcomes, such as eating disorders, anxiety, and depression. In general, no one wants to be treated unfairly and everyone desires a better life. From a very young age people already acknowledge the importance of appearance by experiencing and/or witnessing benefits given to physically attractive people and hostility shown to unattractive people in their daily life or in the media. People strive to look good not only because the tangible benefits of physical attractiveness are large enough to be "visible to the naked eyes" (Langlois et al., 2000, p. 400)

but also because of the core psychological themes reflected in pursuing positive body image, such as, human beings' natural desire to acquire happiness, power, validation, respect, love, and acceptance.

### **The Sociocultural Theories of Body Image**

Most researchers appear to agree that the strongest influences on the development of body image in Western societies are sociocultural factors, such as culturally-defined beauty standards or social reference group memberships (e.g., gender, race, ethnicity, social class, or sexual orientation) (Buote, Wilson, Strahan, Gazzola, & Papps, 2011; Fallon, 1990; Heinberg, 1996). The sociocultural theories of body image examine the influence of common or culture-wide social ideals, expectations, and experiences on the development of body image as well as the etiology and maintenance of body image disturbances (Heinberg, 1996). Sociocultural theorists view beauty standards as culturally-bound (Fallon, 1990) as well as a reflection of the discourses of race and power in societies where the dominant racial group makes their racial features the norm and superior while determining the subordinate racial groups' appearance to be less desirable, ugly, or inferior (Craig, 2006). In the United States, the social norms of beauty have reflected the cultural patterns of White Americans because they have dominated American culture and their aesthetic standards have become normative and determinant of what is beautiful at present. Although individuals from racial minority groups have a different set of beauty norms within their culture-of-origin, they are often subject to the dominant White beauty standards, particularly when the culture-of-origin is devalued by the dominant White culture.

Research studies have shown that some aspects of the dominant White beauty standards (e.g., extreme thinness ideals and youthfulness ideals) are unrealistic and unattainable and as a result, individuals who come to internalize those ideals as a personal standard often report

greater body image dissatisfaction and negative psychological outcomes (Buote et al., 2011). These consequences may be especially harmful to women because, compared to men in the United States, they experience greater cultural pressure to attend to their appearance, are socially judged more harshly on their appearance, and have identified with their bodies as an important part of their self-worth and interpersonal outcomes (Fredrickson & Roberts, 1997; Jones, Vigfusdottir, & Lee, 2004; Heinberg, 1996; Wolf, 1991). Moreover, women in the American media are portrayed in terms of their bodies far more than men. Those media images, which are often airbrushed or altered by computer, become beauty ideals of what an attractive female body should be. Thus, throughout the life span, women who are encouraged to internalize those unrealistic beauty ideals often report poorer self-evaluation of their appearance (Cash & Henry, 1995), greater investment on advancing physical appearance (Rudd & Lennon, 2000), and greater body image dissatisfaction than men (Cash et al., 1997; Jones et al, 2004; Wolf, 1991). Research studies that attest to the gendered-meaning of beauty have provided strong evidence for the effect of one's gender-role orientation on their body image and the presence of eating disorders. The more that women endorse traditional feminine gender-role expectations, the more dissatisfied they become with their bodies (Fredrickson & Roberts, 1997; Poran, 2002). The results of research on beauty and gender have demonstrated gender-role orientation as a significant sociocultural factor in the development of women's body image and related issues; however, often unacknowledged is the fact that the majority of the research has been conducted with White female participants (Poran, 2002). Recognition of the power of gender-role expectations to influence body image has been a great contribution to the literature; unfortunately, this focus has often obscured the power of racial group membership on women of color's experiences of the body and failed to expand treatment programs to meet their unique

needs. Thus, this study intends to ask the question of how the dominant images of beauty in the United States affect, or do not affect, the experiences of women of color given their psychological identification with their racial-cultural heritage and the dominant White culture. That is, this proposed study will expand existing limited literature on women of color's body by investigating whether and how racial identity, internalization of the dominant White beauty standard, and body image are related.

In the following section, the literature review will focus on the dominant White beauty standards and their impact on body image development for women, particularly women of color. It will first focus on the thinness ideal since it has been the core component of the dominant White beauty standards and received the most scholarly attention. Although previous studies that focused on White American females rarely addressed the social preference for White physical features within the dominant White beauty standards, the review of relevant literature will help us better understand women of color's experiences.

### *The Thinness Ideals*

In American society, beauty images in the media often represent an unrealistic or unattainable version of physical attractiveness (e.g., youthful appearance, exceptional thinness, blonde hair, long legs, and perfect skin) (Jones, 2002; Want, 2009) or combine opposite traits that are hardly ever seen on a natural female body, such as “erotic sophistication with naïve innocence, delicate grace with muscular athleticism, and a thin body with large breasts” (Saltzberg & Chrisler, 1997, p. 308). With the aid of photo manipulation software (e.g., Adobe Photoshop) and professional makeup, images in the media often showcase beauty standards that are out of reach to almost every woman. In particular, thinness ideals have been thought to



dominate the media (Grabe et al., 2008), and become a central component of the ideal feminine body in the U.S. (Fallon, 1990; Saltzberg & Chrisler, 1997; Striegel-Moore et al., 1986).

Analyses of the images of women presented in the media found some concerning facts that media-portrayed women today are: thinner than the images of women in the media in the past few decades, thinner than the actual American female population, and often 20% underweight and thinner than the criteria for anorexia (Spitzer et al., 1999). Additionally, thinness is frequently emphasized and rewarded for women in weight loss, fitness, diet articles and advertisements in magazines that target females (Andersen & DiDomenico, 1992; Nemeroff, Stein, Diehl, & Smilack, 1994). While in reality, despite the majority of American women do not have natural body structures to remain extremely thin, they may be socialized to view these unrealistic ideals as normative, expected, and central to physical attractiveness and thus, internalize the thinness ideals as their standard (Gerbner, Gross, Morgan, & Signorielli, 1994). A plethora of research shows that women who internalize those unattainable beauty ideals inevitably experience dissatisfaction with their bodies and in turn, engage in behaviors such as disordered eating, excessive exercise, cosmetic surgeries, and substance use (e.g., cigarettes, laxatives, diuretics, or diet pills) for weight loss (e.g., Cash & Henry, 1995; Cusumano & Thompson, 1997; Dittmar & Howard, 2004; Franzoi & Klaiber, 2007; Gurari, Hetts, & Strube, 2006; Heinberg & Thompson, 1995; Rudd & Lennon, 2000; Want, 2009).

### *The Thinness Ideals and Women of Color*

Research studies documenting the relationship between internalization of thinness ideals and body image disturbance has been dominantly and exclusively conducted on White American women (Grabe et al., 2008) to the exclusion of women of color, which could result in the belief that women of color do not have body image issues. One main reason is that internalization of

thinness ideals and eating disorders have been understood as a “cultural” issue only for White, upper-middle class females (Root, 1990). Also, women of color’s racial-cultural heritages are often assumed to provide protection against developing body image disturbances. These assumptions have been challenged by recent research showing that women of color do internalize thinness ideals and present body image issues relating to thinness ideals like their White counterparts (Grabe et al., 2008; Helb, King, & Perkins, 2009; Schooler, Ward, Merriwether, & Caruthers, 2004). The variations in the way thinness ideals impact women of color and the extent to which they endorse thinness ideals and develop body image issues also require further investigation.

Among those research studies on women of color, most of them have predominantly used a cross-racial comparison research design with a focus on Black American females’ weight or body size concerns in relation to White American women (Roberts, Cash, Feingold, & Johnson, 2006). Women from other racial minority groups have been underrepresented in the literature. Overall, most studies found less weight concerns among Black American women than White American women (Altabe, 1996; Bay-Cheng, Zucker, Stewart, and Pomerleau, 2002; Lennon, Rudd, Sloan, & Kim, 1999). Further, even with a higher average weight, Black American females often report more positive attitudes about their body images, show more desire to gain weight, and engage in fewer restricting dieting behaviors than White American females (Harris, 1995; Helb & Heatheron, 1998; Klem, Klesges, Benet, & Mellon, 1990; Lennon et al., 1999;). Such differences were likely to stem, in part, from Black American culture’s broader latitude of acceptance of women’s body size (Craig, 2006; Helb & Heatheron, 1998; Lennon et al., 1999).

While the limited research on women of color has shown opposite results, more culturally-sensitive and comprehensive research on this population is warranted. Some studies

found that although thinness and small body size may not be regarded as beautiful according to Black American aesthetics, Black American women also become dissatisfied with their weight like their White counterparts (Caldwell, Brownell, & Wilfley, 1998; Grabe et al., 2008; Harris, 1994). For instance, some researchers found that Black American women, who were less adherent to their cultural preference of larger bodies, often identified with mainstream preference for thin bodies and reported greater body image dissatisfaction (Craig, 2006; Evans & McMornell, 2003; Guan, Lee, & Cole, 2012; Helb & Heatherton, 1998). These research findings suggest that the degree to which women of color psychologically identify with and adopt values of their racial-cultural group determines how “protective,” or not, those aspects (e.g., preference for curvaceous body) of their racial-cultural heritage may be. That is, where women of color are on the continuum of satisfaction and dissatisfaction with their body image depends on their racial identity status attitudes. Instead of assuming all women of color or all women from a specific racial group share the same collective experience with their appearance, it is important to acknowledge that there are variations across different racial groups as well as individual differences within racial groups.

Asian American females’ petite bodies as well as the “model minority” perception often guide people to believe that they are well-adjusted without suffering from weight or other body image issues (Lau, Lum, Chronister, & Forrest, 2006; Lee et al., 2008). The tendency of somaticizing their psychological problems, among the Asian American community, may also lead to less scholarly attention paid to their psychological experiences with body image. As a result, there is limited research that provides information about Asian American women’s unique experiences, signs, and symptoms of their body image disturbances. Not to mention that there is a lack of culturally-sensitive treatment programs for them. Limited research studies on Asian

American women also yielded mixed findings: some report less body dissatisfaction than White American women (Akan & Grilo, 1995; Mintz & Kashubeck, 1999; Tsai, Hoerr, & Song, 1998), while others showed similar levels of weight concern or an even greater fear of being overweight (Barr, 1995; Evans & McConenll, 2003; Guan et al., 2012; Sanders & Heiss, 1998; Wildes et al., 2001). Guan et al. (2012) examined 89 Asian American females' culture identification and body ideals. They found that participants who strongly identified with Asian cultural values appeared to endorse a thinner body ideal. Similarly, Lau et al. (2006) examined 59 Asian American women's values acculturation, media internalization, and overall body dissatisfaction and they found that Asian American women who identified more strongly with traditional Asian values and were less acculturated to dominant society's values reported higher levels of body image dissatisfaction. Those findings suggest that although Asian American women tend to have a small body frame, they may still share similar weight concerns due to the fact that small and thin are value aspects of femininity in Asian culture (Dworkin & Kerr, 1987; Guan et al., 2012). Since an important component of Asian values is conformity (Kim, Atkinson, & Yang, 1999), conforming to the Asian values is congruent with adhering to the mainstream beauty ideals for Asian American women (Lau et al., 2006). Therefore, Asian American females may have weight concerns because they try to conform to the thinness ideals in the mainstream culture.

Overall, previous studies on women of color offer important insights for future studies. First, body image research needs to expand from its focus on White American women to include women of color, whose problems have not been acknowledged and examined thoroughly. The rare inclusion of Asian American women in research studies and treatment programs may reflect racial stereotyping of Asian American women as a "model minority" whose adjustment and success in various domains of life protect them from psychological issues and distress. Research

has proven the “model minority” notion wrong and revealed a need for further understanding of Asian American women’s body image and their specific needs (Guan et al., 2012; Hall, 1995; Iyer & Haslam, 2003; Kawamura & Rice, 2008; Lau et al, 2006; Mintz & Kashubeck, 1999; Tran, 2010; Yokoyama; 2007).

Second, findings suggest that the role of women of color’s racial group membership in the development of body image dissatisfaction and related issues is unclear. Racial identity status attitudes appear to serve a protective function for individuals from certain racial groups (e.g., Black American females who highly identify with Black American culture), while increasing the risk for developing body image issues in others (e.g., Asian American females who highly identify with Asian American culture) (Wildes et al., 2001). Thus, it is important to examine how racial identity status attitudes impact Asian American women’s place on the continuum of body image satisfaction and dissatisfaction and psychological well-being.

Third, in the majority of existing body image research, women of color were compared with the majority group, White American females. This comparative research method sets White American women as the norm and proceeds under the assumption that women of color’s body image disturbances are identical to White American women’s (Harris, 1995; Root, 1990, 2001; Smolak & Striegel-Moore, 2001). This is evidenced by the extensive attention paid to issues that are more prevalent for White American women (e.g., thinness ideals, weight concerns, and eating disorders) and relatively less to women of color’s unique concerns. For instance, scholars argued that the majority of eating disorder research studies have focused on disordered eating behaviors that are prevalent among White American women (e.g., anorexia and bulimia) (Harris, 1994; Striegel-Moore & Smolak. 1996) while overlooking behaviors (e.g., emotional-eating and binge-eating) that may be an indicator of women of color’s body image disturbances (Root,

2001). Research studies that only used weight-based measures also contributed to the underestimation of women of color's body image issues because they could not measure specific areas that account more for women of color's body image dissatisfaction (Bond & Cash, 1992; Mok, 1998). According to literature, Asian American women, given their differential experiences with racial stereotypes and racial minority status, are more concerned with physical features (e.g., eyes, nose, or height) that differentiate them from those socially preferred White features (Mintz & Kashubeck, 1999). Thus, this study intends to adopt measures that can appropriately examine the multidimensional aspects of Asian American women's body image and address their unique concerns.

### *The Preferred White Features*

Within the dominant White beauty standards, White physical features, such as fair complexion, light eye color, straight and light-colored hair, small nose, and delicate bone structure, are also preferred, making the standards particularly more unattainable for women of color who have different physical features (Makkar & Strube, 1995; Helb et al., 2009; Mok, 1998; Mintz & Kashubeck, 1999). Even when women of color are presented as beauty ideals in mainstream media, they often possess Anglo features (e.g., light skin Black actresses and models) which do not represent the norm of women in their racial group (Schooler et al., 2004). Sometimes, women of color are viewed as the "exotic beauty," which has the connotation that their beauty does not fall in the dominant beauty trend. In order to understand the impacts of socially preferred White features on Asian American women's body image development, we need to first examine their experiences with their racial minority status and the dominant White culture.

### *Racial and Gendered Stereotypes of Asian American Women*

Asian American women often contend with stereotypes related to their race and gender, such as subservience, invisibility (Root, 1995), model minority (Chou & Feagin, 2008), perceptual foreigner (Lee et al., 2008), and exotic sexual objects (e.g., “dragon lady,” Shah, 1997). First, the general public often views Asian American women as part of the “model minority” group, whose hardworking quality as well as familial and cultural values have helped them achieve educational and occupational successes. The model minority functions as proof that the “American dream” is possible for racial minorities and that Asian Americans no longer face barriers to economic, social, or political success (Chou & Feagin, 2008; Lee et al., 2008). While this stereotype may look positive on the surface, it constrains and creates intense social and psychological pressures on Asian Americans. The notion of model minority may encourage Asian Americans to hide and silence problems that may contradict the model minority image. For example, researchers have found that the model minority stereotype may encourage Asian American women to engage in unhealthy efforts to achieve perfection and increase their risk for eating disorders (Hall, 1995).

Second, Asian American women have long been perceived as “foreigners” who are unable to assimilate into the dominant American culture (Lee et al., 2008). This stereotype is often perpetuated in the media where Asian American women speak with a thick accent and play the role of a foreigner. Due to the perceptual foreigner stereotype, Asian American women’s physical features may not be considered as “American” and as it turns out, “Asian American women appear to have internalized Western beauty standards and do not think of themselves as being as attractive as White Americans” (Mok, 1998, p.5). Research studies showed that some Asian American women have greater concerns with their racially-defined features (e.g., noses,

eyes, and height) and attempt to conceal or change those body parts (Iijima Hall, 1995; Kaw, 1993; Koff, Benavage, & Wong, 2001; Mintz & Kashubeck, 1999; Mok, 1998). Compared to women of other racial groups, Asian American women are more likely to pursue cosmetic surgery, such as nose or eyelid reconstructions, to alter their racially defined-features (Kaw, 1993). Moreover, there are plastic surgery clinics targeting Asian Americans and advertising themselves as “specializing in Asian eyes” (Mok, 1998), which reinforces the message that Asian features are not desirable and need to be altered.

Mintz and Kashubeck (1999) conducted the first-known study investigating Asian American women’s specific body part concerns by comparing 33 Asian American and 105 White females with regard to their satisfaction with different body parts. They found that compared to White American women, Asian American women were less engaged in dieting or bingeing, but had lower self-esteem and greater dissatisfaction with their height, eyes, face, breasts, and arms. Mintz and Kashubeck (1999) speculated that dissatisfaction with body parts that could not be altered via weight loss may be a contributing factor to low self-esteem among Asian American women. In further support, Koff et al. (2001) found that Asian American women were less satisfied with their stomach, shoulders, arms, face, hair, and height than White American women. Overall, findings suggest that the devaluation of Asian American features in American culture would encourage them to internalize the dominant White beauty standards. Unable to attain the dominant White beauty standards may result in Asian American women’s increased body image dissatisfaction and psychological distress, especially in areas that differentiate them from White American females and cannot be altered by weight loss. Research studies have shown the impact of the White culture’s devaluation and racial stereotyping on Asian American women’s body image; however, what remains to be investigated is whether



there are within-group differences in the extent to which Asian American women psychologically identify with their racial-cultural group and the dominant White beauty standards, and if so, how the racial identity status attitudes of Asian American women impact their body image development.

### **Racial Identity Status Attitudes**

Race has been the central, enduring aspect of American society impacting people from different backgrounds. Based on the premise that people of color and Whites have been socialized differently due to racial classification, racial identity refers to “a sense of group or collective identity based on one’s perception that he or she shares a common racial heritage with a particular racial group” (Helms, 1993, p.3). That is, the meaning one makes of one’s racial group membership, the extent to which one psychologically identifies with or chooses not to identify with one’s racial reference group, and the emotional, behavioral, and cognitive expressions of this identification (Carter, 1995; Helms, 1990). Thus, people’s racial identity also influences their conceptions of what beauty is and the extent to which they internalize the standard of beauty in their racial-cultural group and the dominant White culture (Harris, 1994).

Racial identity status attitudes are considered to be a central component of a person of color’s psychological functioning (Helms, 1995) as reflected in one’s worldviews or “ego statuses” that serve as a filter for race-based information (Helms, 1995; Thompson & Carter, 1997). Thompson and Carter (1997) describe a transformative process people undergo to achieve racial self-actualization. To evolve from least mature or sophisticated ego statuses to the more advanced statuses of development, individuals encounter a series of experiences that challenge racism and racial stereotypes and that in turn, lead them to personal self-reflection. Self-reflection takes place when reconciling racial conflicts and the manner in which people relate to

others who are racially similar or racially dissimilar to themselves (Thompson & Cater, 1997). Thus, when Asian American women come into contact with the White beauty ideals, they may reflect on their experiences as a racial being and decide the extent to which the dominant White beauty standards are appropriate to be internalized as their personal standards.

Different from stage-based racial identity models (e.g., Racial/Cultural Identity Development Model; Atkinson, Morten, & Sue, 1989), Helms (1995) proposed that racial identity development is not linear; instead, individuals can operate at multiple statuses at any given point in their lives and the behavioral, attitudinal, and emotional expression of any particular status depends on its centrality in the individual's overall identity as well as the situational context. In other words, people do not move through the statuses in a singular direction and they can possess varying degrees of all statuses simultaneously.

Helms' (1995) People of Color Racial Identity model consists of four statuses: Conformity, Dissonance, Resistance, and Awareness. *Conformity* is the status in which individuals have preferences for the values, customs, and norms of the dominant White American culture and devalue their own culture. Since Asian American women in this state may also be unaware of their racial group's history, culture, and sociopolitical status and feel no loyalty or obligation to the Asian American group, they may subscribe to the dominant White beauty standards and experience greater body image dissatisfaction. Asian American women in the *Dissonance* status are characterized by ambivalence and confusion concerning their own Asian racial group as well as the dominant White group. Asian American women begin to develop an awareness of common experiences shared by Asian Americans, such as the model minority stereotype and being teased because of racially-specific features. Although they start to become aware of the beauty standards within Asian American culture, they would still be more

than likely to adhere to the dominant White beauty standards. *Resistance* is a status in which Asian American women completely idealize and immerse themselves in their own racial-cultural group while rejecting and holding negative views of the dominant White American culture. Asian American women in this status also look for positive characteristics of their racial group, so they turn to other Asian Americans as a source of support, and may begin to reject the dominant White beauty standards. *Awareness* refers to the status in which Asian American women start to develop collective identities, including both White and their own Asian American cultural identities. They feel a connection with individuals of other racial groups. They have positive attitudes toward their own racial group, use internal criteria for racial self-definition and have the capacity to assess and respond to members of the dominant racial group objectively. Thus, although they are still subject to the dominant White beauty standards, they may recognize the unattainable nature of the dominant White beauty standards and become more adherent to the beauty standards in Asian American culture.

#### *Racial Identity Status Attitudes and Body Image*

Previous research studies have shown that Asian American women do not equivalently subscribe to social beauty norms, and variations in racial identity status attitudes may influence the degree to which one internalizes attractiveness messages in the dominant culture. In the first-known study that examined the relationship between racial identity, womanist identity, body image and eating concerns, Querimit (2005) demonstrated the importance of racial identity in understanding the complex nature of body image among Asian American females. She found that, among 203 Asian American female college students in the sample, disordered eating behaviors were positively related to Conformity and Dissonance statuses and reversely correlated with Awareness. There was no significant relationship found between disordered eating

behaviors and Resistance status. With regard to body image, Asian American women who endorsed Conformity and Dissonance statuses reported more weight concerns. However, the more Asian American women endorsed Awareness status, the less they had weight concerns. Again, there was no significant relationship found between weight concerns and Resistance status. High Dissonance was inversely associated with body areas satisfaction. That is, Asian American women who endorsed more Dissonance status also reported less satisfaction with most aspects of their body, including facial features, complexion, hair, upper torso, and lower torso. Instead, those who scored high in Awareness reported greater body image satisfaction. These findings suggest that body image and eating concerns were significantly associated with most statuses of racial identity, with the exception of Resistance status. Querimit (2005) argued that since Asian American women who endorse Resistance status tended to idealize their own racial group and reject the White culture, they may be turning away from and/or refusing to buy into the dominant White beauty standards.

The importance of including racial identity status attitudes into the sociocultural model of body image is also evidenced by the following studies on Black American females. Harris (1995) examined factors that influenced body-image attitudes of 90 Black American females. She found that one's racial identity status attitudes significantly predicted body satisfaction and appearance evaluations. In particular, Black women with pro-Black/anti-White attitudes reported favorable evaluations of their physical attractiveness. Women in the process of rejecting pro-White perspective and incorporating experiences specific to Black culture reported satisfaction with specific body areas and more concerns in health-promoting behaviors. Participants who showed self-confidence in their Blackness and possessed few anti-White feelings held favorable evaluations of their physical appearance and fitness, attached importance to physical health, and

engaged in health-enhancing behaviors. Similarly, Makkar and Strube's (1995) study examined how racial identity moderated body image and self-perceived physical attractiveness among 60 Black American women exposed to Black and White standards of beauty. They found that, after exposure to White models, Black American participants with higher identification with their racial group rated their own attractiveness higher and models' attractiveness lower than participants who reported lower adherence to their racial group. These findings suggested that a positive view of Blackness was related to one's favorable self-rated attractiveness whether participants had negative attitudes toward Whites or not. Whether those results generalize to Asian American women is unknown. In light of the absence of racial identity in the previous studies, there remains a need for research to understand whether certain racial identity attitude statuses, as sociocultural factors, create susceptibility to or protection from the dominant White beauty standard and body image dissatisfaction among Asian American women. Thus, this study proposes to examine how Asian American women's racial identity impacts their acceptance and internalization of the dominant White beauty standard and in turn, influences their levels of body image dissatisfaction and psychological distress. In particular, a multidimensional body image measure will be used in this study to assess their concerns on specific areas of their body.

Lastly, the term Asian Americans encompasses individuals from diverse Asian ethnic groups. While there may be commonalities, there is also heterogeneity among Asian ethnic cultures in terms of traditions, languages, and immigration history (Alvarez, 2002; Kawamura, 2002). Body features also vary noticeably between Asian ethnic groups, such as height, weight, skin color, and hair texture. Lauderdale and Rathouz's (2000) research study found significant variation in BMI among Asian ethnic groups in the U.S.. While Filipino and South Asian American participants reported higher BMI, Vietnamese reported the lowest. A Canadian study

also found significant variation in levels of body image dissatisfaction among Asian ethnic groups in that Chinese women reported the greatest dissatisfaction, followed by South Asians and Caucasian Canadian (Kennedy, Templeton, Gandhi, & Gorzalka, 2004).

A review of literature shows that race and ethnicity have been used as interchangeable constructs in the area of body image research. When the construct ethnicity was used, the authors were often referring to Asian Americans. Therefore, findings from those studies could not provide information about ethnic group differences in Asian American women's body image development. As such, this current study aimed to further explore the impacts of ethnic group differences on individuals' internalization of White beauty standards and body image among Asian American women.

### **The Statement of the Problem**

Based on the sociocultural model, the prevalence of body image dissatisfaction among women of color in the United States is partially attributable to the dominant White cultural ideals of beauty that values thinness (Grabe et al., 2008) and White physical features (Mok, 1998), as well as their experiences with racial minority status (Harris, 1995; Kawamura & Rice, 2008; Querimit, 2005; Root, 1990, 2001; Yokoyama, 2007). In the past, body image research has predominantly and exclusively focused on thinness ideals and eating disorders of White American females and little was known about the unique development and manifestation of women of color's body image issues (Altabe, 1996; Hall, 1995; Mintz & Kashubeck, 1999; Yokoyama, 2007). The failure to gather comprehensive data regarding body image disturbance signs and symptoms in women from racial minority groups has contributed to the misperception that women of color do not experience these psychological problems. As a result, the existing treatment programs, which are tailored to White American women, may not have cultural

effectiveness in meeting the special needs of women of color.

The rare inclusion of Asian American women in body image research may reflect the assumption that their small body frame as well as their success as “model minorities” protect them from developing body image issues. However, research studies showed that not only do Asian American suffer from body image disturbances, but their unique experiences with racial minority status and the dominant White culture (e.g., racial stereotyping) also have significant impacts on their body image dissatisfaction, especially in body areas that differentiate them from White physical features (Iijima Hall, 1995; Kawamura & Rice, 2008; Lee et al, 2008; Mok, 1998; Yokoyama, 2007). In order to further explore how dominant White beauty standards impact Asian American women’s body image, it is important to understand how they make sense of racial minority status as well as the extent to which they psychologically identify or not identify with their racial-cultural heritage and the dominant White culture (Harris, 1995; Makkar & Strube, 1995; Querimit, 2005). Additionally, given the lack of appropriate body image treatments for Asian American women, information about what racial identity statuses may increase the resilience or vulnerability to internalizing the dominant White beauty standard and/or developing body image dissatisfaction will make valuable contributions to the development of culturally-sensitive preventions and treatments in the future. Therefore, the proposed study aimed to expand existing body image research by adopting a sociocultural model to examine the relationships among racial identity status attitudes, internalization of the dominant White beauty standards, body image dissatisfaction, and psychological distress among Asian American women.

**The research questions for the proposed study are as follows:**

**Research Question I:** What is the relationship between racial identity status attitudes, internalization of the dominant White beauty standard, body image dissatisfaction, and psychological distress among Asian American women?

**Research Question II:** What is the relationship between internalization of the dominant White beauty standards and body part concerns for Asian American women?

**Research Question III:** Do Asian American women differ in their internalization of the dominant White beauty standards by their ethnic group membership?

**Research Question IV:** What are Asian American women's body part concerns?



## Chapter III

### METHOD

#### Participants

A power analysis was conducted using online software G\*Power 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009) to determine the appropriate number of participants needed *a priori* to obtain statistically significant and meaningful results for multivariate regression analyses. According to Cohen's (1988, 1992) recommendation, the alpha was set at .05, power was set at .80, a medium effect size using Cohen's  $f^2$  was set to .015, and twenty-two primary variables will be examined in the study. The results of the power analysis showed that 230 participants would be sufficient for the current study.

A total of 1,269 individuals logged on to the online survey. Of the 1,269 participants, 672 individuals completed the survey in its entirety. Among the 672 participants, there were 39 individuals identified as "biracial/multiracial," 8 individuals identified their race as "other." Four indicated "male," 1 identified as "transgender," and 3 indicated their gender as "other." One indicated "biracial" and "gender queer." Since the study focused on Asian American females, these 56 individuals who did not identify their race as Asian and/or female were removed from the data analysis. Among the remaining 616 participants, 189 participants were first generation Asian Americans and were not born in the United States and were excluded from the data analysis since they were not American.

Of the four hundred and twenty-seven ( $N = 427$ ) Asian American adult females (see Table 1 and Table 2 for a summary), the age ranged from 18 to 59 with a mean age of 24.81 ( $SD = 6.57$ ). Participants who were second generation (i.e., born in the U.S.) comprised 90.9% of the sample ( $n = 388$ ), third generation (i.e., born in the U.S. and parents were born in the U.S.)

comprised 4.4% ( $n = 19$ ) of the sample, fourth generation (i.e., parents and grandparents were born in the U.S.) comprised 4.4% ( $n = 19$ ) of the sample, and fifth generation (i.e., great grandparents were born in the U.S.) comprised .2% ( $n = 1$ ) of the sample. Due to the small sample size of participants who were the fourth and fifth generation, they were combined into one category, fourth generation and above (4.7%,  $n = 20$ ), as shown in Table 2.

Participants represented 17 distinct self-reported ethnic groups. The largest group was Chinese 40.7% ( $n = 174$ ), followed by Korean 11% ( $n = 47$ ), Filipino 9.1% ( $n = 39$ ), Taiwanese 8.7% ( $n = 37$ ), Indian 7.5% ( $n = 32$ ), Vietnamese 6.6% ( $n = 28$ ), Bi-ethnic/Multi-ethnic individuals 6.3% ( $n = 27$ ), Japanese 4% ( $n = 17$ ), Pakistani 1.4% ( $n = 6$ ), Laotian .9% ( $n = 4$ ), Bengali .7% ( $n = 3$ ), Cambodian .5% ( $n = 2$ ), Thai .5% ( $n = 2$ ), and Indonesian .2% ( $n = 1$ ). There were 7 individuals in the sample (1.6%) who did not indicate their ethnicity. Given the small sample size of some groups (e.g. Laotian, Bengali, Cambodian, Thai, Indonesian), ethnic-based group memberships were condensed. Seven of the groups remained unchanged: Chinese (40.7%), Korean (11%), Filipino (9.1%), Taiwanese (8.7%), Vietnamese (6.6%), Bi-ethnic/Multi-ethnic (6.3%), and Japanese (4%). The ethnic groups with smaller numbers of respondents were placed into two new groups: South Asian (e.g. Indian, Bengali, Pakistani) (2.3%) and Southeast Asian (e.g. Laotian, Cambodian, Thai, Indonesian) (9.6%) (See Table 2).

The majority of participants (67.2%,  $n = 287$ ) indicated their country of origin as the United States, followed by 13.6% ( $n = 58$ ) as China, 3.7% ( $n = 16$ ) as India, 3.5% ( $n = 15$ ) as Taiwan, 3.3% ( $n = 14$ ) as Philippines, 2.6% ( $n = 11$ ) as South Korea, 2.6% ( $n = 11$ ) as Vietnam, .9% ( $n = 4$ ) as Japan, .9% ( $n = 4$ ) as Pakistan, .5% ( $n = 2$ ) as Malaysia, .5% ( $n = 2$ ) as Laos, .2% ( $n = 1$ ) as Indonesia, .2% ( $n = 1$ ) as Bangladesh, and .2% ( $n = 1$ ) as Thailand. However, a close examination of participants' answers showed that there were variations in participants'

understanding of what country of origin meant. For instance, some participants checked their generational status as second generation or above, but still identified a foreign country as their country of origin. Other participants seemed to indicate the country of their ancestors as their country of origin. Due to the discrepancy among individual participants' understanding of what country of origin meant, this demographic information was not included into further data analyses.

Initially, participants represented different levels of socioeconomic statuses with the highest percentage 43.6% ( $n = 186$ ) reporting middle class, followed by 23.9% ( $n = 102$ ) upper-middle class, 15.2% ( $n = 65$ ) lower middle class, 11.7% ( $n = 50$ ) working class, 3.3% ( $n = 14$ ) lower class and 2.3% ( $n = 10$ ) upper class. Given the small sample size of some groups (e.g. working class and lower class), participants' socioeconomic statuses were condensed. As shown in the Table 2, the original middle class group was combined with the lower-middle class group and comprised 58.8% of the sample ( $n = 251$ ). The original working class group was combined with the lower class group, and comprised 15% of the sample ( $n = 64$ ). The original upper class group (26.2%,  $n = 112$ ) was combined with the upper-middle group.

Participants varied in their religious self-designations and denominations. The participants identified themselves as predominantly Agnostic (16.6%,  $n = 71$ ), followed by non-religious (16.2%,  $n = 69$ ), Protestant (15.5%,  $n = 66$ ), Catholic (12.9%,  $n = 55$ ) and Atheist (10.8%,  $n = 46$ ). Additionally, 8.7% participants identified as Buddhist ( $n = 37$ ), 4.7% identified as Hindu ( $n = 20$ ), 3% identified as Muslim ( $n = 13$ ), .7% identified as Jain ( $n = 3$ ), .5% identities as Sikh ( $n = 2$ ), .2% identified as Mormon ( $n = 1$ ), and 10.3% identified as other ( $n = 44$ ) (e.g., Christian, Jewish, Presbyterian, Baptist, Taoist). Due to the small sample size of some groups (e.g. Jain Mormon, Sikh, Muslim), participants' religious group memberships were re-

grouped into 8 categories. Seven of the groups remained unchanged: Agnostic (16.6%), Non-religious (16.2%), Protestant (15.5%), Catholic (12.9%), Atheist (10.8%), Buddhist (8.7%), Hindu (4.7%). The religious groups with smaller numbers of respondents were added into the other group (14.8%,  $n = 63$ ) (See Table 2).

With regard to sexual orientation, the majority of participants 92.7% ( $n = 396$ ) identified as heterosexual, followed by 4% ( $n = 17$ ) identified as bi-sexual, 1.9% ( $n = 8$ ) identified as other (e.g., pansexual, questioning, unknown) and 1.4% ( $n = 6$ ) identified as homosexual. Participants were re-grouped into two categories, heterosexual and non-heterosexual, due to the small size of bi-sexual, homosexual and other participants. Table 2 shows that the heterosexual group remains the same (92.7%,  $n = 396$ ), while bi-sexual, homosexual and other participants were added together to create a non-heterosexual group (7.3%,  $n = 31$ ).

When asked to indicate the highest degree earned, the majority of respondents 42.6% ( $n = 182$ ) earned a college degree, while a significant proportion of the sample 32.8% ( $n = 140$ ) earned a high school diploma, followed by 17.6% ( $n = 75$ ) who earned a masters degree, and 7% ( $n = 30$ ) who earned a doctorate or terminal degree. Given the relatively smaller numbers of people reported a master's degree and doctorate or terminal degree, these two groups were combined to create postgraduate degree group (24.6%,  $n = 105$ ).

Lastly, participants represented every geographical area of the country, though the largest percentage of respondents, 48.5% ( $n = 207$ ) were from the Pacific (e.g. California, Hawaii, Nevada and Arizona); 36.8% ( $n = 157$ ) from the Northeast (i.e., New York, Vermont, New Hampshire, Rhode Island, Connecticut, Massachusetts, and Maine); 5.6% ( $n = 24$ ) Mid-Atlantic (i.e., Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, Virginia); 4.4% ( $n = 19$ ) from the Southwest (i.e., Texas, Oklahoma, Arkansas, and Louisiana); 1.9% ( $n = 8$ ) from the

Southeast (i.e., Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, and Florida); .9% ( $n = 4$ ) from the Great Lakes (i.e., Minnesota, Wisconsin, Illinois, Michigan, Indiana, and Ohio); .9% ( $n = 4$ ) from the Central Plains (i.e., Nebraska, Missouri, Iowa, and Kansas); and .9% ( $n = 4$ ) from other places outside of the U.S. (e.g., Hong Kong, Beijing). Given the small sample size of some groups, participants' residence were regrouped into the following 5 categories: 50.9% ( $n = 226$ ) Western (Pacific and Southwest), 1.9% ( $n = 8$ ) Central (Central Plains, Great Lakes, and Rocky Mountain), 7.5% ( $n = 32$ ) Southern (Southeast and Mid-Atlantic), 36.8% ( $n = 157$ ) Northeastern, and .9% ( $n = 4$ ) outside of the U.S..

### **Instruments**

**Personal Demographic Sheet.** Participants completed a self-report demographic questionnaire, including age, gender, generational status, race, ethnicity, level of education (i.e., highest degree earned), socio-economic status, sexual orientation, country of origin, number of years in the U.S., religious affiliation, and region of residency. In terms of generational status, participants were asked to identify in the following way: (a) 1<sup>st</sup> generation: participant was born outside of the U.S.; (b) 2<sup>nd</sup> generation: participant was born in the U.S. and parents were born outside of the U.S.; (c) 3<sup>rd</sup> generation: participant was born in the U.S., parents were born in the U.S., and grandparents were born outside of the U.S.; (d) 4<sup>th</sup> generation: participant, parents and grandparents were born in the U.S.; and (e) 5<sup>th</sup> generation: great grandparents and everyone after (including participant) were born in the U.S..

**People of Color Racial Identity Attitude Scale (POCRIAS).** The People of Color Racial Identity Attitude Scale (POCRIAS; Helms, 1995) is a 50-item self-report scale that assesses attitudes characteristics of people of color's racial identity statuses based on Helms' People of Color Racial Identity Model. The POCRIAS was developed for use with the Asian

American, Black American, American Indians and Latina/o populations. The items are rated with a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The scores are determined by calculating the mean of items that constitute the subscale, with higher scores indicating stronger endorsement of that racial identity status's schemas by the participant. The POCRIAS is comprised of four subscales: (a) *Conformity* is a status in which the individual is characterized by the preference for the values, customs, and norms of White/mainstream culture and devalues her own culture; (b) *Dissonance* is a status characterized by ambivalence and confusion concerning one's own racial group as well as the White dominant group. Individuals at this stage begin to develop awareness of common experiences shared by her racial group; (c) *Immersion/Resistance* measures physical and psychological withdrawing from the White dominant group into one's own racial/ethnic group; (d) *Awareness* refers to the status in which individuals start to develop collective identities, possessing both positive aspects of Whites and their own group identification.

**Strength of Endorsement Profiles.** Scholars (Helms, 1996; Carter, Pieterse, & Smith, 2008; Carter & Sant-Barkett, 2013) have proposed to use alternative methods to score the POCRIAS in order to capture individual's experiences with their racial group membership. In this study, the raw scores of the POCRIAS subscale were transformed in to strength of endorsement profiles, using the following steps suggested by Helms (1996). The strength of endorsement profiles provides a way to compare an individual's racial identity pattern and how an individual understands her racial experiences.

First, participants who had total scores equal to 0 or 250 on the four subscales were considered as non-valid and removed. In this current study, all the participants' scores were valid. Second, the mean, standard deviation, and internal consistency reliability coefficient theta

(See Appendix F) for each racial identity subscale were calculated. Third, the standard error of difference bands ( $SE_{diff}$ ) or point values were calculated using the below formula (Helms, 1996):

$$SE_{diff} = SD \sqrt{(2 - r_{xx} - r_{yy})} * 1.96$$

The standard error of difference bands ( $SE_{diff}$ ) indicated how significantly different each scale is from its adjacent scale (e.g., Conformity v.s. Dissonance). In the above equation,  $r_{xx}$  and  $r_{yy}$  were the reliabilities in the comparison. Due to the unequal number of items within each subscale, subscale scores were transformed into T scores in order to standardize the scores. The significance bands of each participant's subscale scores were then compared with their adjacent subscale scores to determine whether the scale scores differed significantly from each other. For this study, the standard error of difference bands /point values for each adjacent scale comparison were as follows: Conformity – Dissonance = 12.79, Dissonance – Immersion/Resistance = 12, Immersion/Resistance – Internalization = 13.13, and Internalization – Conformity = 13.86.

According to Carter and Sant-Barkett (2013), scale comparisons result in three possible outcomes: 1) equal (i.e., equal or differ by less than once standard error of difference from its adjacent scale; 2) “high” (i.e., differ by at least one standard error of difference); and 3) “very high” (i.e., differ by at least two standard errors of difference). The three outcomes produced five strength endorsement options for each status pair. For instance, the comparison outcomes for dissonance and awareness can be: (a) very high dissonance; (b) high dissonance; (c) equal dissonance and awareness; (d) high awareness; and (e) very high awareness.

A total of 64 profile types were generated and the frequency ranged from 1 to 180. After examining the profiles, some were combined into common groups. For example, very high dissonance profile was combined with high dissonance profile in order to create a Dissonance -

Dominant profile. After this grouping process, a total of 11 groups accounted for 96.9% (n = 419) of all the profiles generated (Table 3). Table 3 shows the Undifferentiated or flat profile was the most frequently occurring profile in this study. This means that the majority of the participants did not have one single racial identity status attitude more dominant than the others (Pieterse & Carter, 2010). Due to the exploratory nature of this study, only five groups (i.e., Undifferentiated, Conformity – Dominant, Dissonance – Dominant, Resistance – Dominant, & Awareness – Dominant) were included in the data analyses because the undifferentiated and dominant groups reflect more on the core of Helm’s racial identity theory.

**Reliability and validity estimates.** Previous studies noted that due to the POCRIAS multidimensionality, Cronbach’s alpha is not an appropriate internal reliability coefficient (Carter & Reynolds, 2011; Helms, 2007; Helms, Henze, Sass, & Mifsud, 2005) and it is recommended that when Cronbach’s alpha is not appropriate, as in this study, a better approximation of internal consistency reliability such as theta coefficients should be conducted (Ferkitch, 1990). See Appendix F for the reliability analysis and results.

With regard to construct validity of the POCRIAS with Asian American samples, studies have shown that the POCRIAS was predictive of eating disorders and body image dissatisfaction (Querimit, 2005), gender role conflict (Liu, 2002), self-esteem (Alvarez & Helms, 2001), and racism (Cha, 2011). The empirical evidence suggests that the POCRIAS is reliable and valid for use with the Asian American sample.

**Sociocultural Attitudes Towards Appearance Questionnaire -3.** The Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3; Thompson et al., 2004) has been widely used to assess sociocultural factors related to body image problems. The measure is comprised of 30 items and divided into 4 four subscales. The Information subscales measures the



degree to which various media are important sources for obtaining information about attractiveness and fashion (e.g., “TV programs are an important source of information about fashion and being attractive”). The Pressure subscale measures the degree to which individuals have felt pressured by various media to change their appearance (e.g., “I’ve felt pressure from TV or magazines to lose weight”). The Internalization-General subscale measures the degree to which one has bought into the norms for body shape and weight portrayed in the media and the degree to which she attempts to match these standards by modifying certain behavior (e.g., “I compare my body to the bodies of TV and movie stars”). The Internalization-Athlete scale measures the degree to which individuals believe the norms for athletic-built body shape portrayed in the media and the degree to which they try to match these standards by modifying certain behavior (e.g., “I try to look like sports athletes”). Participants rate their responses on a 5-point Likert scale (1= definitely disagree; 5= definitely agree), with higher scores indicating a higher level of internalization. The total score for each subscale is the mean of responses to the corresponding items after reverse scoring appropriate items. When a participant’s total score is equal to 30, it means that she does not internalize the dominant White beauty standards. In this current study, all the participants reported total scores higher than 30 and showed varying levels of internalization. The four subscales were used in the current study to understand Asian American women’s internalization of the dominant White beauty standards.

**Reliability and validity estimates.** Thompson et al., (2004) reported that SATAQ-3 was validated using independent samples of females. The first study of the SATAQ-3 conducted by Thompson et al. (2004) found the reliability coefficients (Cronbach’s alphas) as follows: Information = .96; Pressures = .92; Internalization-General = .96; and Internalization-Athlete = .95; and total scale = .96. Cronbach’s alphas have been reported in studies on Asian American

women's experiences with body objectification (Tran, 2010) as: Information ( $\alpha = .85$ ); Pressure ( $\alpha = .94$ ); Internalization – General ( $\alpha = .94$ ); and Internalization – Athlete ( $\alpha = .80$ ). For the current study, Cronbach's alpha was .93 for Internalization –General; .84 for Internalization-Athlete; .93 for Pressures; and .92 for Information.

**Multidimensional Body Self Relations Questionnaire-Appearance Scales.** The Multidimensional Body Self Relations Questionnaire-Appearance Scales (MBSRQ-AS, Brown et al., 1990) is a 34-item, multidimensional questionnaire that measures one's evaluation, thoughts, feelings and behaviors associated with the physical appearance.. The MBRQS-AS included five subscales. *Appearance Evaluation* assesses one's levels of dissatisfaction with her overall appearance. High scores indicate greater positive feelings about one's appearance while low scores indicate dissatisfaction with one's overall appearance. *Appearance Orientation* measures the extent to which one places importance and invests in her physical appearance. High scores reveal a higher level of importance of appearance, greater attention paid to one's appearance, and more grooming behavior; whereas low scorers are apathetic about her appearance and do not expend much effort to "look good." *Overweight Preoccupation* measures excessive concerns about being overweight. High scores indicate more preoccupation with weight and body fat. *Self-Classified Weight* is the fourth subscale which measures how one perceives and labels her weight from very underweight to very overweight. The last subscale of MBSRQ-AS is *Body Area Satisfaction*, which has 9 separate questions measuring specific aspects of one's appearance, including face, hair, lower torso, mid torso, upper torso, muscle tone, and weight. High scores reveal a higher level of satisfaction with a specific body part. The total score for each subscale is the mean of responses to the corresponding items after reverse scoring appropriate items, including item 3, 6, 9, 12, 13, 19, 27, and 28. All of the five subscales

were used in the current study to understand participants' levels of satisfaction/dissatisfaction with their bodies.

**Reliability and validity estimates.** In a reliability study, Cash (2000) reported Cronbach's alpha coefficients and one month test re-test as follows: (1) Appearance Evaluation (.88, .99), (2) Appearance Orientation (.85, .90), (3) Overweight Preoccupation (.76, .89), (4) Self-Classified Weight (.89, .74), and (5) Body Area Satisfaction (.73, .74). In a study on Asian American female college students' experiences with body image dissatisfaction and eating disorders (Querimit, 2005), the Cronbach's alpha coefficients were .73 for Appearance Evaluation, .76 for Appearance Orientation, .71 for Overweight Preoccupation, .71 for Self-Classified Weight, and .84 for Body Areas Satisfaction. For the current study, Cronbach's alphas were as follows: Appearance Evaluation ( $\alpha = .88$ ); Appearance Orientation ( $\alpha = .86$ ); Overweight Preoccupation ( $\alpha = .79$ ); Self-Classified Weight ( $\alpha = .78$ ); and Body Areas Satisfaction ( $\alpha = .84$ ).

All of the instrument's subscales have demonstrated strong convergent, discriminant, and construct validity as confirmed in a cross-validated principle component analysis conducted by Brown et al. (1990). Due to the multidimensional elements of body image assessment included in the MBSRQ-AS, its construct validity has been supported in studies of Asian American women's body image and eating disorders (Querimit, 2005).

**Brief Symptom Inventory (BSI).** The Brief Symptom Inventory (BSI; Derogatis, 1993), a shortened version of the Symptoms Checklist-90-Revised (SCL-90-R). The BSI has 53 items and uses a 4-point Likert-type scale from 0 (*not at all*) to 4 (*extremely*). The BSI assesses psychological distress in the following domains: somatization, obsession-compulsivity, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and

psychoticism. Participants indicate the extent to which they experience symptoms. Subscale scores are the sum of responses to the corresponding items. Three items were removed from the original measure due to the IRB concerns. They were item 9 (“Thoughts of ending your life.”), item 39 (“Thoughts of death or dying.”) and item 40 (“Having urges to beat, injure, or harm someone.”). The nine subscales were used in this current study to understand participants’ levels of psychological distress and symptomatic reactions.

**Reliability and validity estimates.** The BSI has been found to be a valid and reliable instrument on previous research studies in Asian American populations (Cha, 2011; Iwamasa & Kooreman, 1995). In a study on Asian Americans’ acculturation level and psychological stress (Iwamasa & Kooreman, 1995), the Cronbach’s alphas for each of the subscales were as follows: Somatization ( $\alpha = .79$ ), Obsession-Compulsivity ( $\alpha = .78$ ), Interpersonal Sensitivity ( $\alpha = .77$ ), Depression ( $\alpha = .88$ ), Anxiety ( $\alpha = .79$ ), Hostility ( $\alpha = .80$ ), Phobic Anxiety ( $\alpha = .60$ ), Paranoid Ideation ( $\alpha = .71$ ), and Psychoticism ( $\alpha = .64$ ). For the current study, Cronbach’s alpha was .84 for Somatization, .84 for Obsession-Compulsivity, .84 for Interpersonal Sensitivity, .87 for Depression, .88 for Anxiety, .85 for Hostility, .81 for Phobic Anxiety, .80 for Paranoid Ideation, .80 for Psychoticism, and .97 for GSI.

Descriptive statistics (means, standard deviations, ranges, and distributions) and scale reliability for all subscales of the POCRIAS, the MBSRQ-AS, the BSI, and the SATAQ-3 were computed and shown in Table 4.

## **Procedure**

Approval to begin the study was received from the Institutional Review Board (IRB) at Teachers College, Columbia University. After approval was received, participants were solicited by sending email announcement to list-serves of various organizations that served Asian

American population. (e.g., Asian American Psychological Association, Asian American Alliance, INC, and Kearny Street Workshop) and universities.

Data was collected online via software ([www.qualtrics.com](http://www.qualtrics.com)). The first page of the web-based study included a consent form (Appendix A), which informed participants of their rights as participants, such as the right to withdraw from the study at any time. Once the person agreed to participate, he/she was directed to the demographics questions, followed by the POCRIAS, the MBSRQ-AS, the BSI, and the SATAQ-3, and finally a debriefing form, which included resources for those participants who wanted further assistance with their experiences (see Appendix B to E). Considering the order effects, the measures with the most positive descriptors were presented first.

## Chapter IV

### RESULTS

#### **Preliminary Analyses**

Normality is a common assumption required from the data for both univariate and multivariate analyses. Testing for normality was first accomplished by examining the Kolmogorov-Smirnov (K-S) test statistic for each measured variable (Field, 2009). Several outliers were found but since the inclusion or exclusion of these outlying observations did not affect the results, all observations were retained.

A multivariate analysis of variance (MANOVA) was conducted to determine whether any demographic variables (i.e., age, generational status, ethnicity, socioeconomic status, religion, sexuality, education, and residence) were covariates. Adopting Cohen's (1998) rules, an effect size is interpreted as small (.20), medium (.50), and large (.80). Although the MANOVA main effect for sexual orientation, ethnicity, and socioeconomic status were significant, their small effect sizes showed the observed main effects were too small to indicate meaningful group differences (See Appendix G and Table 5). As such, sexual orientation, ethnicity and socioeconomic status were not accounted or controlled for in the primary analyses.

A correlation matrix of the relationships between the variables is presented in Table 6 to Table 9. Overall, the correlation analysis revealed that all the independent variables racial identity status attitudes, internalization of the White beauty standard and body image, were significantly related to the dependent variable, psychological distress. The correlations were not significantly high ( $r > .50$ ) to suggest redundancy in the data.

## Primary Analyses

***Question 1: What is the relationship between racial identity status attitudes, internalization of the dominant White beauty standard, body image dissatisfaction, and psychological distress among Asian American women?***

In order to test research question one, a path analysis was conducted to understand the relationships among the variables of racial identity status attitudes, internalization of the dominant White beauty standards, body image dissatisfaction, and psychological distress (See Figure 1). Prior to the analysis, the variables of racial identity status attitudes were transformed into eleven profile groups (Table 3). Five strength of endorsement profile groups (i.e., Undifferentiated, Conformity-Dominant, Dissonance-Dominant, Resistance-Dominant, Awareness-Dominant) were selected, dummy coded, and entered in the path analysis because those five profiles reflected more on the core of racial identity status attitudes than the blended group. After drawing the path diagram in Amos, the standardized parameter estimates ( $R^2$  values) were also requested.

As shown in Figure 2, the path coefficient between the Dominant – Awareness racial identity profile and Body Areas Satisfaction ( $\beta = .28, p < .001$ ) was significant, indicating a positive direct effect. This means that participants who endorsed Awareness-Dominant racial identity profile tended to feel more satisfied with discrete body parts. The path coefficient between the Internalization-General and Appearance Orientation ( $\beta = .03, p < .001$ ), and Self-Classified Weight ( $\beta = -.02, p < .001$ ) were significant, with the former showing a positive direct effect and the latter revealing an inverse direct effect. Therefore, Asian American female participants who internalized a higher level of general White beauty standards tended to place

more importance on their appearance and had a more accurate perception of their weight. The path coefficient between the Pressures and Appearance Evaluation ( $\beta = -.02, p < .001$ ), Body Areas Satisfaction ( $\beta = -.02, p < .001$ ), Overweight Preoccupation ( $\beta = .04, p < .001$ ), and Self-Classified Weight ( $\beta = .03, p < .001$ ) were significant, with the first two showing an inverse direct effect and the last two indicating a positive direct effect. Results showed that the more participants felt pressured by White beauty standards, the less they tended to feel satisfied with overall appearance and specific body features, and tended to overestimate and become preoccupied with their weight.

***Question 2: What is the relationship between internalization of the dominant White beauty standards and body part concerns for Asian American women?***

To examine the relationship between internalization of the dominant White beauty standards and body part concerns, a simultaneous multiple regression was conducted with the Asian American women's internalization of the dominant White beauty standards entered as the predictors (i.e., SATAQ-3 Internalization-general, SATAQ-3 Internalization-athlete, Pressures, and Information scores) and body area satisfaction (i.e., MBSRQ-AS Body Areas Satisfaction total score) enter as the outcome variable.

Results (Table 10) of the regression analysis showed that the internalization of the dominant White beauty standards variables were significant predictors,  $F(4, 422) = 7.72, p < .001, R^2 = .068$ , and accounted for 6.8% of the variance of Body Areas Satisfaction scores. Specifically, Pressure ( $\beta = -.24, t = -3.10, p < .01$ ) was a significant predictor of the Body Areas Satisfaction scores. An examination of the beta weight indicated that as Pressure increased participants reported less satisfaction with their body parts.

***Question 3: Do Asian American women differ in their internalization of the dominant White***



### ***beauty standards by their ethnic group membership?***

The third research question was to understand whether there were ethnic group differences in internalization of the dominant White beauty standards for Asian American women. First, all the participants reported total scores higher than 30. This means that all the participants, regardless of their ethnic groups, have internalized the dominant White beauty standards. A multivariate analysis of variance (MANOVA) was conducted. Specifically, ethnic groups were entered as the independent variables and each variable of the internalization of the dominant White beauty standards (i.e., SATAQ-3 Internalization-general, SATAQ-3 Internalization-athlete, Pressures, and Information scores) entered as the dependent variables.

Results showed (Table 11) no significant ethnic group differences in the internalization of the White beauty standards, Wilks'  $\lambda = .91$ ,  $F(32, 1425.093) = 1.15$ ,  $p = .26$ . The findings of the MANOVA suggested that Asian American women shared similar levels and patterns of internalization of the dominant White beauty standards, regardless of their ethnic group memberships.

### ***Question 4: What are Asian American women's body part concerns?***

A within subjects/repeat measures analysis of variance (ANOVA) was conducted to compare Asian American female participants' satisfaction with their body parts in face, hair, lower torso, mid torso, upper torso, muscle tone, weight, height, and overall appearance conditions. Mauchly's test indicated the assumption of sphericity has been violated,  $\chi^2(9) = 457.55$ ,  $p < .05$ , therefore the degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ( $\epsilon = .82$ ) (Field, 2009). The results showed Asian American women's satisfaction with their bodies was significantly affected by the areas of their bodies,  $F(7, 2778) = 85.33$ ,  $p < .05$ .

Thirty-six paired samples t-tests were used to make post hoc comparisons between

conditions. The significant level was adjusted to  $p < .001$  (i.e.,  $.05/36$ ). Table 12 shows that most of the t-tests indicated significant difference in levels of satisfaction in the paired conditions. For instance, the first samples paired t-test indicated that there were significant difference in levels of satisfaction for face ( $M = 3.6$ ,  $SD = .04$ ) and hair ( $M = 3.92$ ,  $SD = .05$ ) conditions,  $t(426) = -5.70$ ,  $p < .001$ .

Overall, the findings suggested that Asian American female participants showed significantly different levels of satisfaction/dissatisfaction with different body parts. In particular, the results showed that Asian American women felt satisfied with their hair the most. While there was no significant difference when comparing Asian American women's levels of satisfaction with height, face and overall appearance, their satisfaction with those three body parts was significantly higher than lower torso, upper torso, and muscle tone. Their satisfaction with lower torso, upper torso, and muscle tone, although not significantly different, was higher than weight. Lastly, results revealed that Asian American women reported the least satisfaction with their mid torso.

## Chapter V

### DISCUSSION

In the past few decades, psychology research has documented the pervasive impact of physical attractiveness on human development, social interactions, and making social judgments (Cash, 1990, Hall, 1995). In general, people believe “beauty is good” and associate physically attractive people with positive qualities, which often result in favorable treatments, ranging from positive evaluations (Ritts et al., 1992), greater social popularity and status (Langlois et al., 2000), employment and promotion opportunities (Hamermesh & Biddle, 1994; Hosoda et al., 2003), to eliciting more help from others (Benson et al., 1976). However, physically unattractive people are found to receive some adverse treatments, such as appearance-based teasing/bully (Cash, 1995) and fewer job opportunities (Warhurts et al., 2009). As a result, physically unattractive individuals often report lower self-esteem, adjustment issues, social life dissatisfaction, negative emotional experiences, and body image dissatisfaction (Langlois et al., 2000).

A plethora of research studies show how body image dissatisfaction puts people’s health at risk, such as increasing one’s vulnerability to developing lower self-esteem, disordered eating, anxiety, and depression (Akan & Grilo, 1995; Cash, 1995; Janssen et al., 2004; Menzel et al., 2010; Oliver & Thelen, 1996). The consequences of body image dissatisfaction are especially harmful to women in the U.S. because, compared to their male counterparts, women experience greater societal pressure to maintain an attractive appearance and women have been socialized to identify with their bodies as an important part of their self-worth (Fredrickson & Roberts, 1997; Jones et al., 2004; Heinberg, 1996; Wolf, 1991). As a result, body image dissatisfaction is considered to be an important factor of the gender disparity in depression (Grabe & Hyde, 2006).

Although existing research has confirmed the relationship between body image dissatisfaction and adverse psychological outcomes among women, those studies have been conducted in samples of predominantly and exclusively White women and adolescents, with little focus on racial differences (Grabe et al., 2008). As a result, treatments developed to treat body image issues are primarily based on White American females' experiences, which may not be culturally sensitive to the needs of women from other racial groups. Reasons pertaining to the lack of body image studies on women of color include the assumption that women of color's culture of origin can protect them against developing body image issues (Root, 1990, 2001). While the majority of body image research has focused on weight, body size, and eating disorders, Asian American women's natural small body frame is often assumed to protect them from weight-related body image issues. However, these assumptions have been challenged by recent research studies finding that women of color also show comparable levels of body image issues (Grabe et al., 2008; Helb, 2009; Schooler et al., 2004).

For women of color, their body image dissatisfaction may not necessarily relate to the societal thinness pressure but to their experiences as a racial minority (Hall, 1995; Root, 1995; Yokoyama, 2007). For instance, Asian American women are often perceived as a "model minority" whose hardworking and cultural values have helped them adjust well and succeed. The model minority stereotype may mask Asian American women's body image issues, discourage them from asking for help, or give them the pressure to perfect their appearance (Hall, 1995). Asian American women are often not considered as American but perceived as foreigners who were born and grew up in Asia. The "perceptual foreigner" stereotype often deepens their sense of not belonging to the mainstream American society (Lee et al., 2008). Furthermore, research shows that being teased on racially-defined features (e.g., "slanted eyes") might also make Asian

American women become dissatisfied with their appearance (Iyer & Haslam, 2003). The “foreigner” stereotype and racial teasing may result in Asian American women’s attempt to hide or change body parts, that distance them from the dominant culture (Hall, 1995; Kaw, 1993; Koff, Benavage, & Wong, 2001; Mintz & Kashubeck, 1999; Mok, 1998).

In the past two decades, psychologists have adopted the sociocultural model to understand the distinctive sociocultural influences that bear on body image dissatisfaction among women of color. The sociocultural theorists consider beauty standards as a reflection of culture and history, and stress the importance of sociocultural factors (e.g., media exposure, gender expectation, and racial identity) in developing one’s body image. In America, women are socialized to attain mainstream beauty standards, which are derived from the dominant White American aesthetics (Evans & McConnell, 2003). In general, some aspects of the dominant White beauty standards, such as extreme thinness, are simply unattainable for most American women. Not to mention that for women of color, they often do not have the natural physical features to match the dominant White beauty standards, which value fair complexion, light eye color, straight and light-colored hair, small nose, and delicate bone structure (Makkar & Strube, 1995; Helb et al., 2009; Mok, 1998; Mintz & Kashubeck, 1999). As a result, the more women of color internalized the dominant White beauty standards, the more they experienced body image dissatisfaction and psychological distress (Akan & Grilo, 1995; Evans & McMornell, 2003; Helb & Heatherton, 1998; Mintz & Kashubeck, 1999).

Experiences unique to women of color also include their need to reconcile two different and maybe conflicting sets of beauty standards (Makkar & Strube, 1995). One is the dominant White culture and the other one is the beauty standards based on their own culture. Therefore, the degrees to which women of color endorse the dominant White culture and their racial-cultural

heritage will influence the degree they internalize the dominant White beauty standard and/or develop of body image dissatisfaction. For instance, women of color, who predominantly endorse the conformity status of racial identity, may tend to internalize the dominant White beauty standards and develop greater body image dissatisfaction and psychological distress (Harris, 1995; Root, 1990). Therefore, when studying women of color's body image, there is a need to consider their racial experiences by understanding their racial identity status attitudes.

This present study aimed to expand existing body image research by adopting a sociocultural model to examine the relationships among racial identity status attitudes, internalization of the dominant White beauty standards, body image dissatisfaction, and psychological distress among Asian American women.

The primary research questions explored here were the following: a) What is the relationship between racial identity status attitudes, internalization of the dominant White beauty standard, body image dissatisfaction, and psychological distress among Asian American women? b) What is the relationship between the internalization of the dominant White beauty standards and body part concerns for Asian American women? c) Do Asian American women differ in their internalization of the dominant White beauty standards by their ethnic group membership? And lastly, d) What are Asian American women's body part concerns?

The following section will discuss each finding, followed by a discussion related to the limitations and clinical implications of the study. Recommendations for future research in Asian American women's body image will also be discussed.

### **Racial Identity, White Beauty Standards, Body Image, and Psychological Distress**

There have been studies showing that racial identity status attitudes (Harris, 1995; Makkar & Strube, 1995; Querimit, 2005) and internalization of the dominant White beauty

standards (Akan & Grilo, 1995; Evans & McMornell, 2003; Helb & Heatherton, 1998; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Mintz & Kashubeck, 1999; Tran, 2009) lead to varying levels of body image dissatisfaction. However, researchers have examined those two sociocultural factors separately. Thus, the first research question was intended to be exploratory. A path analysis was conducted in order to understand the relationship between racial identity, internalization of the dominant White beauty standards, body image, and psychological distress.

### *Racial Identity and Body Image*

Results of the path analysis showed that, between racial identity status profiles and body image dissatisfaction, the Awareness-Dominant racial profile was significantly associated with higher levels of body area satisfaction for Asian American women in this study. This finding suggests that Asian American women who endorse a mature, sophisticated racial identity status attitude express more satisfaction with their appearance and body features (Helms, 1995). This finding supports previous Asian American body image studies that an integration of Asian identity into daily life and feel less constrained by racial oppression increase their satisfaction with their body (Querimit, 2005).

One way of explaining the finding is that in this study, Asian American female participants' strong sense of racial self-esteem and racial self-affirmation increased their appreciation of their appearance and body features (Alvarez, 2008; Helms, 1995). This interpretation is consistent with research studies demonstrating the detrimental effects of self-esteem on appearance. Researchers have overwhelmingly found that individuals with higher self-esteem report greater body image satisfaction (Akan & Grilo, 1994; Koff et al., 2001; Makkar & Strube, 1995; Molly & Herzberger, 1998; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). This trend should be consistent even for racial self-esteem given that one's racial

self-esteem fosters personal self-esteem (Hughes & Demos, 1989). And in many ways her increased self-confidence translates directly to body image satisfaction (Hesse-Biber et al., 2004).

A second reason why Awareness-Dominant racial profile was associated with higher levels of body parts satisfaction is that feeling less constrained by racial oppression and having positive attitudes toward their own racial group decreases the negative evaluation of their body features. In this study, Asian American female participants who endorsed Awareness-Dominant racial profile were well-aware of what it means to be an Asian American that integrates both positive and negative experiences, such as racial stereotypes and negative perceptions of their group by others (Hesse-Biber et al., 2004). Existing literature and studies have shown that the “model minority” stereotype often hides Asian American women’s body image issues and gives them the pressure to act and look perfect in the dominant society (Root, 1990). In addition, the forever foreigner stereotype often alienates them from the mainstream society (Lee et al., 2008). Experiences with racial teasing often result in body image dissatisfaction (Iyer & Haslam, 2003) and increased actions to change their appearance (Kaw, 1993). Research studies also show that the features most often referred as dissatisfying by Asian American women are those that differentiate them from the mainstream beauty standards (i.e., height, nose and eye shape) (Mok, 1998). Therefore, when Asian American women have higher self-acceptance and a confident sense of being Asian, and they are less likely to internalize societal negative images of Asian women’s body features.

Like other women from racial minority groups, Asian American women also have a separate set of beauty standards based on their racial-cultural heritage. The Awareness-Dominant racial profile is characterized by mature understanding of both White and their own culture



(Helms, 1995). Although they are still subject to the dominant White beauty standards, they may recognize the unattainable nature of the dominant White beauty standards, adhere to the beauty standards in Asian American culture, and become more satisfied with their appearance and body features, without feeling the pressure to conform to the dominant standards (Hesse-Biber et al., 2004).

### *Internalization of the Dominant White Beauty Standards and Body Image*

Results of the path analysis showed that Internalization – General was found to have a significant positive effect on Appearance Orientation and a significant inverse effect on Self-Classified Weight. That is, the more Asian American women buy into the White beauty norms portrayed in the media, the more they place importance on appearance and engage in appearance management behaviors. In order to explain this relationship, we first need to understand the underlying psychological process, which is understood as appearance-schema activation (Hargreaves & Tiggemann, 2002). Appearance schema is based on Markus's (1997) self-schema, which provides structure and organization to the cognitive processing, evaluations, and generalizations of the self. An individual may have a self-schema based on various domains, such as personality traits, social identities (e.g., race or gender), and appearance. Specifically, appearance-schema is the cognitive component of body image and reflects the importance and meaning of appearance placed in one's life (Sinton & Birch, 2006). Research studies have found that exposure to media beauty images and internalizing the beauty norms portrayed in the media lead to increased processing of appearance-related information, appearance-schema activation (Brown & Dittmar, 2005; Sinton & Birch, 2006) and increased importance placed on appearance (Hargreaves & Tiggemann, 2002). When Asian American women place more importance on

appearance, they also invest more in appearance management, such as cosmetic use, exercise, clothing selection, dieting, or cosmetic surgery (Rudd & Lennon, 2002; Kaw, 1993).

The effect of media exposure on the importance of appearance has been well documented in countless research studies. The pervasive media images emphasizing and depicting female attractiveness have resulted in increased awareness and focus on appearance among women and men (Gordon, 2008; Henderson-King, Henderson-King, & Hoffman, 2001). In particular, for Asian American women who perceive appearance as very important, they tend to report less body image satisfaction and are more likely to employ unhealthy weight control behaviors (Henderson-King et al., 2001; Nouri, Hill, Orrell-Valente, 2011).

According to the findings of this study, the more Asian American women internalize the dominant White beauty standards, the less likely they are to overestimate their weight. One possible explanation is that Asian American women may have also internalized the thin-ideal images in the media and feel thinner. Consistent with previous studies such as Mayer and Biocca (1992), who proposed that a woman's body image is unstable and varies with mood and social contexts. Therefore, it is possible that Asian American women's internalization of thin-ideal and desire to be thinner is reflected on the overall less overestimation of their weight in this study. It is important to note that the Self-Classified Weight subscale consists of only two items. Therefore, the reliability of the findings may be questionable. It is important for future studies to test the relationship between the internalization of the dominant White beauty standards and self-perceived weight among Asian American women by using reliable and valid measures.

#### *Perceived Pressure and Body Image*

In this study, we asked participants to rate the levels of pressure they feel when emulating the look promoted based on White beauty standards. Results showed that when Asian American

women feel more pressured by various media sources to place the importance on appearance and invest in appearance management, they feel less satisfied with overall appearance and specific body features, tend to overestimate, and become preoccupied with their weight.

Previous research studies have widely documented the impact of perceived pressure from the media on Asian American women's body image dissatisfaction (Grabe & Hyde, 2006; Knauss, Paxton, & Alsaker, 2007; Smart & Tsong, 2014). In particular, the perceived pressure was found to result in weight concerns because the thin-ideal has been the core component of the dominant White beauty standards. This study cannot draw support from previous studies on the relationship between perceived pressure and satisfaction with specific body parts because there has not been a study directly investigating this relationship. Based on the theoretical literature Asian American women have racially informed features (e.g., eyes, height, or hair) that are distinctive from the dominant White beauty standards (Kaw, 1993). It is possible that Asian American women become less satisfied with specific body features because they perceive the pressure from the media but do not naturally have specific features that match with the standards.

### **Race, Ethnicity, and Internalization of the Dominant White Beauty Standards**

Despite similarities across Asian cultures, research studies have shown variations in body features and body image among different Asian ethnic groups. Therefore, this study aimed to understand whether ethnic group differences significantly impact Asian American women's internalization of the dominant White beauty standards. A multivariate analysis of variance (MANOVA) was conducted using ethnic groups as the independent variables and indicators of the internalization of the dominant White beauty standards as dependent variables (i.e., Internalization-General, Internalization-Athlete, Pressures, and Information).

The results indicated no significant ethnic groups differences in the internalization of the dominant White beauty standards. The findings suggested that Asian American women, regardless of their ethnic groups, showed similar patterns and degrees of internalization of the dominant White beauty standards. It is possible that certain commonalities among Asian ethnic cultures may impact participants' experiences with the dominant White beauty standards, such as adherence to family and social hierarchy, conformity to the norms, and desire to present positively to bring honor to the family (Kawamura, 2002; Kim et al., 1999; Tran, 2009). That is, Asian American women have been socialized to adhere to their position in the hierarchy of the family or society, and to respect and conform to expectations of senior family members or mainstream society. Therefore, they may adopt and try to fit in with the dominant White beauty standards in a similar way in order to maintain success or be accepted by the mainstream society. This explanation has been validated by previous research studies highlighting Asian American women's tendency to avoid bringing shame to their family by trying to fit in with the dominant White beauty standards (Grabe & Hyde, 2006; Mok, 1998; Lau et al., 2006). In addition, the "model minority" stereotype may also reinforce Asian American women to appear successful and attractive and thus internalize the dominant White beauty standards in a similar way.

Another explanation on why ethnic groups did not significantly impact Asian American women's internalization of the dominant White beauty standards may be the media exposure. This explanation is supported by previous research studies demonstrating the detrimental effects of exposure to media on the internalization of the dominant White beauty standards. Movies, television celebrities and fashion magazine models often have significant impacts on how American women feel about their bodies (Heinberg & Thompson, 1995; Makkar & Strube, 1995). Since Asian American women live in an environment full of pervasive images of the

dominant White beauty standards, they may also be socialized to conform to the mainstream standard in order to live a successful and happy life.

### **Satisfaction with Discrete Body Areas**

Body image scholars have made a distinction between global body satisfaction (i.e. satisfaction with overall physical appearance) and satisfaction with discrete body features (Koff et al., 2001; Mellor et al., 2013; Mintz & Kashubeck, 1999). Research studies have shown that people may report similar global body satisfaction but varying levels of satisfaction with different body parts (Koff et al., 2001; Mellor et al., 2013; Mintz & Kashubeck, 1999). There are only a few studies examining Asian American women's satisfaction with discrete body parts, and those studies are conducted in comparison to White American women (Koff & Benavage, 1998; Koff et al., 2001; Mellor et al., 2013; Mintz & Kashubeck, 1999). Findings from those studies show racial differences in satisfaction with different body parts and in the specific features associated with the overall body image satisfaction. This study aimed to explore Asian American women's satisfaction with nine different body parts because Asian American women's satisfaction with discrete body parts has only been discussed in theoretical literature but rarely studied in empirical research.

To explore the research question, a within-subjects/repeat measures analysis of variance (ANOVA) was conducted to compare Asian American female participants' satisfaction with the following conditions: face, hair, lower torso, mid torso, upper torso, muscle tone, weight, height, and overall appearance. Next, thirty-six paired samples t-tests were used to make post hoc comparisons between conditions. Findings showed Asian American female participants' satisfaction with the following body areas, ranging from highest to the lowest: a) hair; b) height,

face, and overall appearance; c) lower torso, upper torso, and muscle tone; d) weight; and e) mid torso.

Different from previous studies, this study only focused on Asian American women in order to understand their varying levels of satisfaction with discrete body parts within this group. According to theoretical literature, Asian American women are found to feel less satisfied with hair, face and height because those features are considered to distance them from the dominant White beauty standards (Hall, 1995; Kaw, 1993). Hair has been identified as important to Asian American females' overall body image satisfaction, with regard to both color and texture (Bond & Cash, 1992; Koff & Benavage, 1998; Tewari, 2009). Literature suggests that Asian American women feel dissatisfied with their facial features, especially their epicanthic eye fold and "flat" nose (Hall, 1995; Kaw, 1993). In particular, Asian American women are found to undergo cosmetic surgery as an attempt to escape from the negative stereotypes (e.g., passivity and dullness) associated with their facial features (e.g., slanted eyes and flat nose) and to have features considered more attractive (Kaw, 1993). There are only few existing empirical research studies comparing Asian American women satisfaction with their overall body image and specific body features to their White counterparts (Koff et al., 2001; Mellor et al., 2013; Mintz & Kashubeck, 1999). They found that, while Asian American women report less satisfaction with their face, hair and height than their White counterparts, both groups share similar levels of weight and body shape concerns. Mintz and Kashubeck (1999) noted that Asian American women were more dissatisfied than White American women with body parts that could not be altered by weight loss.

Based on exiting literature, it makes theoretical sense to categorize those nine body parts into two areas of body parts concerns. The first one is racially defined features, which include

hair, height and face. The other one is body areas that are related to fat distribution, and can be altered by dieting and exercise (i.e., lower, mid, and upper torso, muscle tone and weight).

Despite literature documenting Asian American women's dissatisfaction with their racially-defined features, findings from this study showed that participants were more satisfied with racially defined features than body parts that are related to weight and fitness.

One explanation for the findings is that Asian American women, like women from other racial groups in the U.S., also experience the pervasive societal emphasis on thinness and muscle tone (Evans & McConnell, 2003). This explanation is consistent with the extensive research studies showing the relationship between thinness ideals in the media and Asian American women's weight concerns and disordered eating (Grabe & Hyde, 2006; Kempa & Thomas, 2000; Smart & Tsong, 2014). Female images portrayed in the media have become increasingly thinner for the past three decades (Osvold & Sadowsky, 1993) and female models often do not represent the majority of American women's body shape and weight. Since Asian American women have been living in a society where the relationship between thinness, beauty, and power is often emphasized and reinforced, it is not surprising that weight has become the most prominent concern (Grabe et al., 2008; Lau et al, 2006; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Recent research studies have found that Asian American females show comparable levels of weight concerns, dieting behaviors and eating disturbances as White American females, who are used to being perceived as the only group of women who struggle with eating disorders (Grabe & Hyde, 2006; Root, 1990).

This explanation is further supported by the fact that some scholars have noted a recent societal preference for extremely toned and athletic-built body in the U.S. society (Homan, 2010; Kawamura & Rice, 2008; Thomas et al, 2004). The media portrayals of athletic-built and well-

toned bodies have found to be related to American females' body dissatisfaction and muscle tone-enhancing behaviors, including dieting, exercising, and using muscle-enhancing substances (Eisenberg, Wall, & Neumark-Sztainer, 2010; Haman, 2010). This trend should also impact Asian American women's satisfaction with body parts that indicate whether their body is fit or toned. Since women naturally have more fat in the mid torso and lower torso areas (i.e., abdomens, buttocks, hips and thighs), it is understandable that Asian American women in this study reported less satisfaction with those areas given the influences of current athletic-ideal trends. Similar findings were seen in Mintz and Kashbeck's (1999) study, which showed that both Asian American and White American women were dissatisfied with their abdomens, buttocks, hips and thighs, and reported more dissatisfaction with those parts than their male counterparts. Other research studies also show that fat distribution, especially in the hips and buttocks region, is related to body dissatisfaction and eating disorder (Radke-Sharpe, Whitney-Saltiel, & Rodin, 1990).

A second explanation as to why U.S.-born Asian American women in this study expressed less satisfaction with body parts associated with more body fat and weight is that some Asian American women do not have the "petite" body frame that their ancestors used to have. Research studies showed that the longer Asian immigrants live in the U.S., the more they report dietary habits change (e.g. increased fat, salt, sugar, and cholesterol intake) and weight gain (Pan, Dixon, Himburg, & Huffman, 1999; Yang & Read, 1996). These findings are consistent with Lauderdale and Rathouz's (2000) study, which showed that US-born Asian Americans are significantly more likely to be heavier or overweight than the foreign-born, and the number of years spent in the U.S. is directly related to the risk of gaining weight. These research findings help explain how participants in this current study may not have a small body like their ancestors



due to Americanized dietary habits, and thus reported less satisfaction with their weight and body areas that has more body fat.

Several research studies show that Asian American females express distress with Asian cultures' emphasis on thinness and beauty (Guan et al., 2012; Mellor et al., 2010; Smart & Tsong, 2014; Wardle, Haase, & Steptoe, 2006). In particular, Asian American women often receive criticism or blunt comments on their weight from family members, and often feel the pressure to fit into the beauty norms (Smart & Tsong, 2014). The more Asian Americans uphold family recognition, the more they may try to achieve the beauty standards (Tran, 2009). Since Asian cultures also emphasize conformity to norms, Asian American women are socialized to measure up to the beauty standards (Kim et al., 1999). Because Asian American women live in a bi-cultural context where both Asian cultures and the dominant American culture equate thinness with beauty, it is not surprising to see participants from this study feel less satisfied with their weight and body fat than their racially-defined features.

Despite evidence of Asian American women's dissatisfaction with racially defined features (Kaw, 1993; Koff et al., 2001; Mellor et al., 2013; Mintz & Kashubeck, 1999), participants from this study demonstrated more satisfaction with their racially defined features than body areas associated with weight and body fat. One way to explain this seemingly contradictory finding is that all the existing research studies have compared Asian American women's satisfaction with discrete body parts to their White counterparts. Conclusions drawn from these studies are based on between-group comparisons and not within-group comparisons. While we know that Asian American women report dissatisfaction with features distinctive to their racial group, it does not mean that Asian American women consider their racially defined features as the least desirable. Findings of this current study showed that Asian American

women's concerns with weight and body fat are more salient and may contribute more to the global body image.

Asian American populations are the fastest growing racial group, with 46% growth between 2000 and 2010 (U.S. Census Bureau, 2010b), and represent 5.6% of the American population (Census Bureau, 2010a). The growth rates of Asian Americans in the U.S. and the rise of Asians in the global socioeconomic power have translated into increasing portrayals of Asian Americans in the media. For the past few years, there are growing numbers of models, actors/actresses, and celebrities of Asian ancestry in the U.S.. It shows that Asian beauty has also been validated by the mainstream culture when Filipino-American Angela Perez Baraquio won the Miss America 2001 and Indian-American Nina Davuluri won the Miss America 2014. In addition, the images of Asian American women have gradually changed in the media. In the past, Asian American women were often portrayed as silent, subservient, exotic, and appearing in background roles (Root, 1995; Shah, 1997; Taylor & Stern, 1997; Tien, 2000). In recent years, Asian American women have played the main roles in films or advertisements and they are often portrayed as intelligent, professional and well-educated (Paek & Shah, 2003). In addition, Asian models are used more frequently in advertisements for hair and facial beauty products in women's fashion and beauty magazines (Cheng & Shaw, 2004). As Asian American women discover themselves and find their values in the society, these positive images of their racial and gender groups help them develop positive self-concepts, high self-esteem, and come to an appreciation of features indicating their unique Asian beauty.

## **Limitations of the Study**

There are several caveats in interpreting and generalizing the findings of this current study. The primary limitation and threat to external validation of the current study was related to the specific demographics of the participants. Despite the author's effort to increase the diversity of the sample, the majority of the participants identified as 18 to 25 year-old (65.8%), second-generation (90.9%), Chinese (40.7%), middle class and above (85%), heterosexual (92.7%), with undergraduate and/or graduate degree (67.2%), and from the West Coast and Northeast areas (89.7%) Therefore, results may not apply to Asian American females who do not match these characteristics. In a related vein, by nature of the study's online survey design, women without computer access were excluded from participation.

The lack of representation from other ethnic groups (i.e., the second largest ethnic group was South Asian; 9.6% of the sample) may have decreased the statistical power needed to conduct meaningful analyses to detect ethnic group differences. Although research studies show variations in Asian American women's body image from different ethnic groups, the small sample sizes of Asian ethnic groups in this current study may contribute to the insignificant results in the second research question.

Another limitation involves how body parts dissatisfaction was measured in the current study. This study used the Body Area Satisfaction subscale of MBSRQ-AS, which has nine items measuring levels of satisfaction with nine different body parts. The broad and non-specific categories (e.g., hair) may cause participants to interpret them differently (e.g., length, color, or texture).

## **Implications for Clinical Practices**

The results of this study have several significant contributions to psychology and body image research, and offer important recommendations to mental health providers. First, despite the heterogeneity that exists among the Asian American female population, the findings show that body image dissatisfaction is a pervasive phenomenon among this population. The results of the current study clearly indicate that internalization and perceived pressure of the beauty norms have significant impacts on Asian American women's body image dissatisfaction. Therefore, those two factors need to be considered when conducting mental health assessments. For instance, when mental health providers work with Asian American female clients with body image dissatisfaction, they need to assess to what degree they have internalized and felt pressured from the beauty norms portrayed in the media, and assess their appearance management behaviors.

Given that Awareness-Dominant racial profile was found to increase Asian American women's satisfaction with different body parts, additional attention and training should be directed at mental health providers. It is important for mental health providers to understand Asian American female clients' experiences in the bi-cultural contexts, their thoughts and feelings associated with mainstream White culture and Asian cultures, and their experiences as a racial minority. Findings in the current study suggest that once Asian American women develop a stronger racial self-esteem and self-acceptance, they feel more satisfied with overall appearance and different body parts, including those racially defined features that indicate their racial minority status and distance them from the mainstream beauty norms. Thus, mental health providers need to offer a safe and supportive space to help Asian American female clients

process their experiences as a racial minority, such as racial stereotyping or discrimination.

Mental health providers can also help Asian American female clients develop better self-esteem.

Lastly, it is important for mental health providers to understand that there is variation of satisfaction with different body parts among Asian American women. While it is important to assess the global body satisfaction, understanding which specific body parts contribute to the overall dissatisfaction will help mental health providers to further understand the possible maladaptive appearance management behaviors and provide appropriate treatments. As an example, clinician who meet Asian American women with body image issues may initially attribute the issues to weight or body size concerns. Findings of this study suggest mental health providers to also consider dissatisfaction with other body parts (e.g., face, height, muscle tone), and assessment maladaptive coping strategies (e.g., excessive cosmetic surgery, excessive exercise or using protein substance).

### **Directions for Future Research**

Research in the area of sociocultural factors and their impacts on body image and mental health outcomes continue to expand in sophistication. Since one's body image is a fluid construct and shaped by life experiences and social contexts, the impacts of sociocultural factors on body image should continue to be assessed. Limitations of this current study provide some recommendations for future direction. First, research studies have found age to be a significant predictor of body image; in particular, the aging process seems to decrease the importance women place on appearance with an increasing emphasis on health (Hurd, 2002). A meta-analytic review shows lesbian women possess more flexible norms about the female body and have higher body satisfaction (Morrison, Morrison, & Sager, 2004). Income and socioeconomic

status also impact women's body image development. Therefore, it is important for future studies to reach out to populations who have been ignored in body image research.

Figure 1. Conceptual Path Relationships

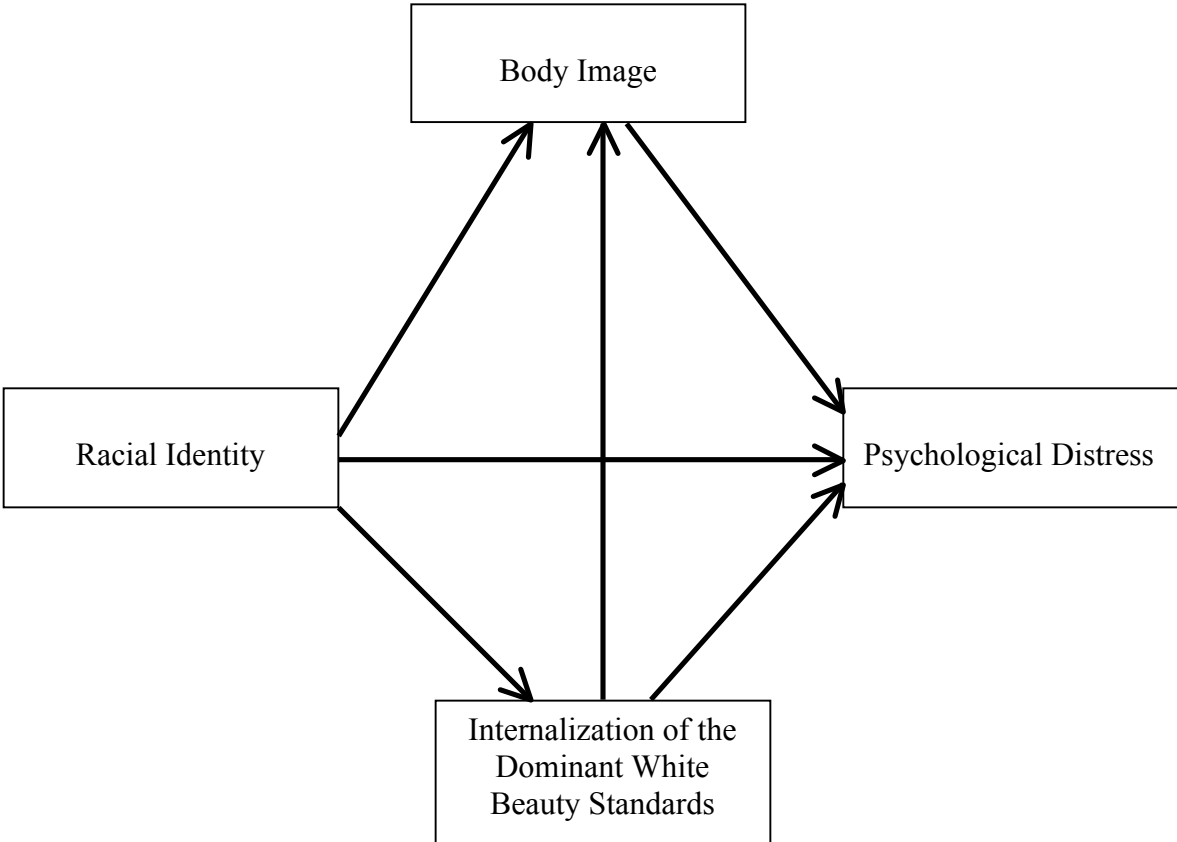
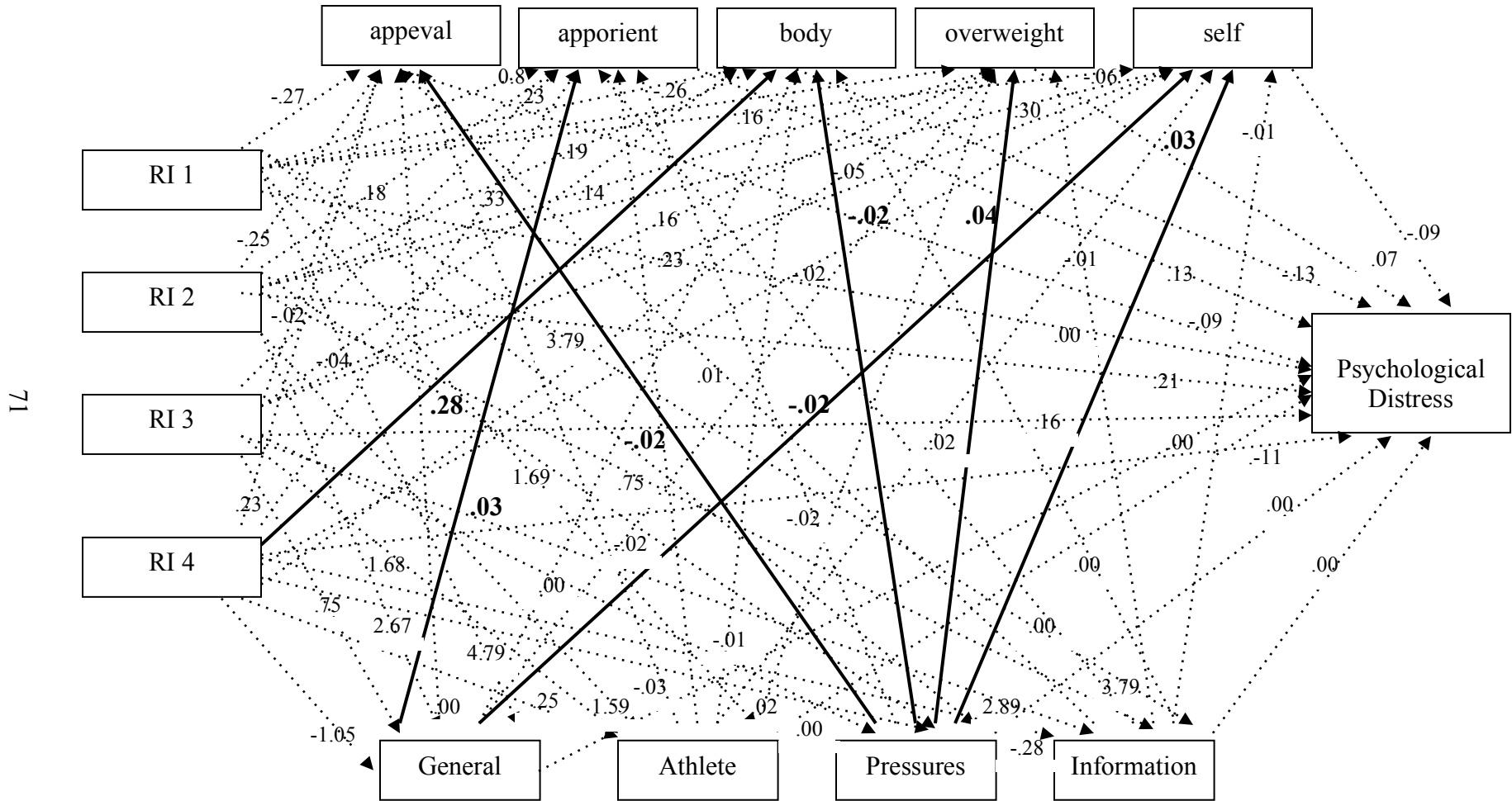


Figure 2. Path Analysis



Note. Solid black lines denote significant paths. Light-colored dashed lines denote non-significant paths. RI 1 = Dominant – Conformity; RI 2 = Dominant – Dissonance; RI 3 = Dominant – Immersion; RI 4 = Dominant – Awareness; General = STATQ-3 Internalization – General subscale; Athlete = SATAQ-3 Internalization – Athlete subscale; Pressures = SATAQ-3 Pressures subscale; Information = SATAQ-3 Information subscale; appeal = MBSRQ Appearance Evaluation subscale; apporrient= MBSRQ Appearance Orientation subscale; body = MBSRQ Body Areas Satisfaction subscale; overweight= MBSRQ Overweight Preoccupation subscale; self = MBSRQ Self-Classified Weight; Psychological Distress = SCL-90 GSI total score



Table 1. *Frequencies and Percentages of Demographic Variables with the U.S.-Born Group (N=427)*

Variables		Frequency	Percentage
Age	18-25	281	65.8%
	26-30	85	19.9%
	31-35	38	8.9%
	36 and above	23	5.4%
Generational Status	Second Generation	388	90.9%
	Third Generation	19	4.4%
	Fourth Generation	19	4.4%
	Fifth Generation	1	0.2%
Ethnicity	Chinese	174	40.7%
	Taiwanese	37	8.7%
	Korean	47	11.0%
	Japanese	17	4.0%
	Indian	32	7.5%
	Bengali	3	0.7%
	Vietnamese	28	6.6%
	Filipino	39	9.1%
	Laotian	4	0.9%
	Cambodian	2	0.5%
	Thai	2	0.5%
	Pakistani	6	1.4%
	Hmong	1	0.2%
	Indonesian	1	0.2%
	Bi-ethnic/multi-ethnic	27	6.3%
	Missing	7	1.6%
Country of Origin	United States	287	67.2%
	China	58	13.6%
	Taiwan	15	3.5%
	South Korea	11	2.6%
	Japan	4	.9%
	India	16	3.7%
	Vietnam	11	2.6%
	Philippines	14	3.3%
	Indonesia	1	0.2%
	Malaysia	2	0.5%
	Bangladesh	1	0.2%
	Pakistan	4	0.9%
	Laos	2	0.5%
	Thailand	1	0.2%

Socioeconomic Status	Lower Working	14	3.3%
	Lower Middle	65	15.2%
	Middle	186	43.6%
	Upper Middle	102	23.9%
	Upper	10	2.3%
Religion	Agnostic	71	16.6%
	Atheist	46	10.8%
	Buddhist	37	8.7%
	Catholic	55	12.9%
	Hindu	20	4.7%
	Jain	3	0.7%
	Mormon	1	0.2%
	Muslim	13	3.0%
	Non-religious	69	16.2%
	Protestant	69	15.5%
	Sikh	2	0.5%
Other	44	10.3%	
Sexual Orientation	Heterosexual	396	92.7%
	Homosexual	6	1.4%
	Bisexual	17	4.0%
	Other	8	1.9%
Highest Degree Earned	High School	140	32.8%
	Diplomat		
	College Degree	182	42.6%
	Masters Degree	75	17.6%
	Doctorate or Terminal Degree	30	7.0%
Residence	Pacific	207	48.5%
	Southwest	19	4.4%
	Central Plains	4	0.9%
	Great Lakes	4	0.9%
	Northeast	157	36.8%
	Mid-Atlantic	24	5.6%
	Southeast	8	1.9%
	Other	4	0.9%

Table 2. *Frequencies and Percentages of Demographic Variables after Regrouping (N=427)*

Variable		Frequency	Percentage
Age	18-25	281	65.8%
	26-30	85	19.9%
	31-35	38	8.9%
	36 and above	23	5.4%
Generational Status	Second Generation	388	90.9%
	Third Generation	19	4.4%
	Fourth Generation and Above	20	4.7%
Ethnicity	Chinese	174	40.7%
	Taiwanese	37	8.7%
	Korean	47	11.0%
	Japanese	17	4.0%
	South Asian	41	9.6%
	Vietnamese	28	6.6%
	Filipino	39	9.1%
	Southeast Asian	10	2.3%
	Bi-ethnic/multi-ethnic	27	6.3%
Missing	7	1.3%	
Country of Origin	United States	287	67.2%
	China	58	13.6%
	Taiwan	15	3.5%
	South Korea	11	2.6%
	Japan	4	.9%
	India	16	3.7%
	Vietnam	11	2.6%
	Philippines	14	3.3%
	Indonesia	1	0.2%
	Malaysia	2	0.5%
	Bangladesh	1	0.2%
	Pakistan	4	0.9%
	Laos	2	0.5%
	Thailand	1	0.2%
Socioeconomic Status	Upper	112	26.2%
	Middle	251	58.8%
	Working	64	15.0%
Religion	Agnostic	71	16.6%
	Atheist	46	10.8%
	Buddhist	37	8.7%
	Catholic	55	12.9%
	Hindu	20	4.7%
	Non-religious	69	16.2%
	Protestant	66	15.5%

	Other	63	14.8%
Sexual Orientation	Heterosexual	396	92.7%
	Non-Heterosexual	31	7.3%
Highest Degree Earned	High School Diplomat	140	32.8%
	College Degree	182	42.6%
	Postgraduate Degree	105	24.6%
Residence	Western	226	52.9%
	Central	8	1.9%
	Southern	32	7.5%
	Northeast	157	36.8%
	Outside of the U.S.	4	0.9%

Table 3. *Strength of Endorsement Profiles Groupings (N =427)*

<b>Profile Label</b>	<b>Frequency</b>	<b>Percentage</b>
Undifferentiated	128	30%
Conformity - Dominant	26	6.1%
Dissonance - Dominant	31	7.2%
Resistance - Dominant	43	10%
Awareness - Dominant	84	19.4%
Conformity & Dissonance - Blended	16	3.7%
Conformity & Resistance - Blended	38	8.7%
Conformity & Awareness - Blended	8	1.8%
Dissonance & Resistance - Blended	9	1.8%
Dissonance & Awareness - Blended	18	4.1%
Resistance & Awareness - Blended	18	4.1%

Table 4. Means, Standard Deviation, Range, and Reliability Coefficients for POCRIAS, MBSRQ-AS, BSI, and SATAQ-3<sup>a</sup> (N = 427)

<b>Subscales</b>	<b>M</b>	<b>SD</b>	<b>Min.</b>	<b>Max.</b>	<b>Reliability</b>	<b>Skew</b>	<b>CR<sup>b</sup></b>	<b>Kurtosis</b>	<b>CR<sup>b</sup></b>
<b>POCRIAS</b>									
Conformity	21.64	5.71	10.0	43.0	$\theta = .75$	.479	4.06	.093	.39
Dissonance	42.63	.39	24.0	67.0	$\theta = .82$	.100	.85	-.437	-1.85
Immersion/Resistance	32.20	6.40	16.0	59.0	$\theta = .80$	.201	1.70	.383	1.62
Awareness	42.37	3.95	29.0	50.0	$\theta = .75$	-.271	-2.30	-.161	-.68
<b>MBSRQ-AS</b>									
Appearance Evaluation	3.38	.76	1.0	5.0	$\alpha = .88$	-.388	-3.29	-.239	-1.01
Appearance Orientations	3.39	.62	1.2	4.8	$\alpha = .86$	-.369	-3.13	.158	.67
Body Areas Satisfaction	3.25	.64	1.6	5.0	$\alpha = .79$	.190	1.61	-.227	-.96
Overweight Preoccupation	2.78	.92	1.0	5.0	$\alpha = .78$	.156	1.32	-.626	-2.65
Self-Classified Weight	3.15	.67	1.0	5.0	$\alpha = .84$	.041	.35	.797	3.38
<b>BSI</b>									
Somatization	1.35	.52	1.0	4.1	$\alpha = .84$	2.432	20.61	7.223	30.61
Obsession-Compulsion	1.99	.84	1.0	4.8	$\alpha = .84$	.941	7.97	.388	1.64
Interpersonal Sensitivity	1.96	.95	1.0	5.0	$\alpha = .84$	1.090	9.24	.478	2.03
Depression	1.94	.91	1.0	5.0	$\alpha = .87$	1.116	9.46	.639	2.71

Anxiety	1.55	.68	1.0	4.5	$\alpha = .88$	1.814	15.37	3.395	14.39
Hostility	1.69	.75	1.0	5.0	$\alpha = .85$	1.668	14.14	2.775	11.76
Phobic Anxiety	1.35	.57	1.0	4.4	$\alpha = .81$	2.469	20.92	6.880	29.15
Paranoid Ideation	1.63	.74	1.0	4.2	$\alpha = .80$	1.322	11.20	1.027	4.35
Psychoticism	1.59	.73	1.0	4.6	$\alpha = .80$	1.560	13.22	2.011	8.52
<hr/>									
SATAQ-3									
General	28.16	8.46	9.0	45.0	$\alpha = .93$	-.370	-3.18	-.538	-2.28
Athlete	16.58	4.21	5.0	25.0	$\alpha = .84$	-.111	-.94	-.476	-2.02
Pressures	21.99	7.31	7.0	35.0	$\alpha = .93$	-.304	-2.58	-.693	-2.94
Information	25.93	8.48	9.0	45.0	$\alpha = .92$	-.188	-1.59	-.555	-2.35

*Note.* <sup>a</sup>People of Color Racial Identity Attitude Scale (POCRIAS), Multidimensional Body Self Relations Questionnaire-Appearance Scales (MBSRQ-AS), Brief Symptom Inventory (BSI), Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3). <sup>b</sup>Skewness and Kurtosis critical ratios (CR) are similar to z-score indices; values above |1.96| are considered significant at  $p < .05$ , above |2.58| are significant at the  $p > .01$ , and above |3.29| are significant at the  $p > .001$  (Field, 2009).

Table 5. MANOVA Testing Main Effects of Demographic Variables on Instrument<sup>a</sup> Subscales (N =427)

Variables	Instrument Subscales					
	<i>Wilk's λ</i>	<i>F</i>	<i>df</i>	<i>partial η<sup>2</sup></i>	<i>Observed Power<sup>b</sup></i>	<i>Sig.</i>
Sexual Orientation	.88	2.21	22,369	.12	.996	<.01
Ethnicity	.55	1.32	176,2801.791	.07	1.00	<.01
Socioeconomic Status	.83	1.59	44,738	.09	.999	<.05
Generational Status	.88	1.06	44,738	.06	.970	.37
Age	.82	1.18	66,1102.797	.07	.998	.16
Religion	.64	1.13	154,2483.944	.06	1.00	.14
Education	.86	1.31	44,738	.07	.994	.09
Residence	.77	1.12	88,1461.605	.06	1.00	.23

*Note.* <sup>a</sup>Dependent variables: Conformity subscale, Dissonance subscale, Immersion/Resistance subscale, and Awareness subscale of the People of Color Racial Identity Attitude Scale (POCRIAS); Internalization – General subscale, Internalization – Athlete subscale, Information subscale, and Pressures subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3); Appearance Evaluation subscale, Appearance Orientation subscale, Body Area Satisfaction subscale, Overweight Preoccupation subscale, and Self-Classified Weight subscale of the Multidimensional Body Self Relations Questionnaire-Appearance Scales (MBSRQ-AS); Somatization subscale, Obsession-Compulsion subscale, Interpersonal Sensitivity subscale, Depression subscale, Anxiety subscale, Hostility subscale, Phobic Anxiety subscale, and Paranoid Ideation subscale of the Brief Symptom Inventory (BSI).

<sup>b</sup>Computing using alpha = .05



Table 6. *Correlations of Racial Identity Variables, Body Image Variables, and Internalization of the Dominant White Beauty Standard Variables (N = 427)*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1	---												
2	.55**	---											
3	.06	.38**	---										
4	-.40**	-.37**	-.21**	---									
5	-.15**	-.28**	-.18**	.26**	---								
6	.16**	.15**	.09	-.05	-.02	---							
7	-.22**	-.32**	-.20**	.28**	.81**	-.07	---						
8	.17**	.24**	.22**	-.17**	-.36**	.52**	-.42**	---					
9	-.01	0	.08	-.04	-.50**	-.02	-.46**	.34**	---				
10	.23**	.45**	.15**	-.27**	-.23**	.44**	-.21**	.46**	0	---			
11	.13**	.50**	.08	-.06	-.22**	.17**	-.16**	.35**	.16**	.53**	---		
12	.18**	.31**	.19**	-.14**	-.26**	.37**	-.25**	.47**	.14**	.78**	.50**	---	
13	.23**	.21**	.11*	-.13**	-.09	.29**	-.10*	.25**	-.05	.60**	.37**	.54**	---

\*Significant at  $p < .05$ , \*\* Significant at  $p < .01$

Note: 1= POCRIAS Conformity subscale; 2= POCRIAS Dissonance subscale; 3= POCRIAS Immersion/Resistance subscale; 4= POCRIAS Awareness subscale; 5= MBSRQ Appearance Evaluation subscale; 6= MBSRQ Appearance Orientation subscale; 7= MBSRQ Body Areas Satisfaction subscale; 8= MBSRQ Overweight Preoccupation subscale; 9 = MBSRQ Self-Classified Weight; 10 = SATAQ-3 Internalization – General subscale; 11 = SATAQ-3 Internalization – Athlete subscale; 12= SATAQ-3 Pressures subscale; 13 = SATAQ-3 Information subscale.

Table 7. *Correlations of Racial Identity Variables and Psychological Distress Variables (N = 427)*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1	---												
2	.55**	---											
3	.06	.38**	---										
4	-.40**	-.37**	-.21**	---									
5	.20**	.29**	.22**	-.25**	---								
6	.26**	.46**	.27**	-.20**	.58**	---							
7	.25**	.50**	.30**	-.25**	.58**	.66**	---						
8	.25**	.49**	.29**	-.27**	.56**	.69**	.80**	---					
9	.21**	.39**	.24**	-.19**	.68**	.70**	.67**	.70**	---				
10	.22**	.41**	.28**	-.26**	.62**	.67**	.71**	.69**	.73**	---			
11	.20**	.39**	.33**	-.27**	.64**	.60**	.67**	.62**	.74**	.68**	---		
12	.25**	.41**	.38**	-.25**	.60**	.65**	.74**	.70**	.64**	.67**	.70**	---	
13	.30**	.34**	.29**	-.26**	.60**	.72**	.79**	.80**	.72**	.72**	.70**	.76**	---

\*Significant at  $p < .05$ , \*\* Significant at  $p < .01$

Note: 1= POCRIAS Conformity subscale; 2= POCRIAS Dissonance subscale; 3= POCRIAS Immersion/Resistance subscale; 4= POCRIAS Awareness subscale; 5= BSI Somatization subscale; 6= BSI Obsession-Compulsion subscale; 7= BSI Interpersonal Sensitivity subscale; 8= BSI Depression subscale; 9= BSI Anxiety subscale; 10 = BSI Hostility subscale; 11= BSI Phobic Anxiety subscale; 12= BSI Paranoid Ideation subscale; 13= BSI Psychoticism subscale.

Table 8. *Correlations of Internalization of the Dominant White Beauty Standard Variables and Psychological Distress Variables (N = 427)*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1	---												
2	.58**	---											
3	.58**	.66**	---										
4	.56**	.69**	.80**	---									
5	.68**	.70**	.67**	.70**	---								
6	.62**	.67**	.71**	.69**	.73**	---							
7	.64**	.60**	.67**	.62**	.74**	.68**	---						
8	.60**	.65**	.74**	.70**	.64**	.67**	.70**	---					
9	.60**	.72**	.79**	.80**	.72**	.72**	.70**	.76**	---				
10	.08	.18**	.30**	.28**	.16**	.19**	.16**	.18**	.22**	---			
11	-.01	.16**	.24**	.18**	.14**	.17**	.10*	.10*	.17**	.53**	---		
12	.09	.17**	.33**	.26**	.14**	.20**	.15**	.18**	.21**	.78**	.50**	---	
13	.01	.04	.22**	.17**	.12*	.11*	.10*	.09	.13**	.60**	.37**	.54**	---

\*Significant at  $p < .05$ , \*\* Significant at  $p < .01$

Note: 1= BSI Somatization subscale; 2= BSI Obsession-Compulsion subscale; 3= BSI Interpersonal Sensitivity subscale; 4= BSI Depression subscale; 5= BSI Anxiety subscale; 6 = BSI Hostility subscale; 7= BSI Phobic Anxiety subscale; 8= BSI Paranoid Ideation subscale; 9= BSI Psychoticism subscale; 10 = SATAQ-3 Internalization – General subscale; 11= SATAQ-3 Internalization – Athlete subscale; 12= SATAQ-3 Pressures subscale; 13= SATAQ-3 Information subscale.

Table 9. Correlations of Body Image Variables and Psychological Distress Variables (N = 427)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	---													
2	-.02	---												
3	.81**	-.07	---											
4	-.36**	.52**	-.42**	---										
5	-.50**	-.02	-.46**	.34**	---									
6	-.17**	-.10*	-.25**	.22**	.07	---								
7	-.25**	.13*	-.29**	.24**	.04	.58**	---							
8	-.35**	.25**	-.36**	.36**	.11*	.58**	.66**	---						
9	-.34**	.23**	-.36**	.37**	.11*	.56**	.69**	.80**	---					
10	-.17**	.14**	-.25**	.27**	.05	.68**	.70**	.67**	.70**	---				
11	-.23**	.20**	-.28**	.29**	.01	.62**	.67**	.71**	.69**	.73**	---			
12	-.19**	.14**	-.22**	.24**	.01	.64**	.60**	.67**	.62**	.74**	.68**	---		
13	-.28**	.14**	-.27**	.26**	.06	.60**	.65**	.74**	.70**	.64**	.67**	.70**	---	
14	.21**	.39**	.24**	-.19**	-.17**	.14**	-.25**	.27**	.05	.68**	.70**	.67**	.76**	---

Significant at  $p < .05$ , \*\* Significant at  $p < .01$

Note: 1= MBSRQ Appearance Evaluation subscale; 2= MBSRQ Appearance Orientation subscale; 3= MBSRQ Body Areas Satisfaction subscale; 4= MBSRQ Overweight Preoccupation subscale; 5 = MBSRQ Self-Classified Weight; 6= BSI Somatization subscale; 7= BSI Obsession-Compulsion subscale; 8= BSI Interpersonal Sensitivity subscale; 9= BSI Depression subscale; 10= BSI Anxiety subscale; 11 = BSI Hostility subscale; 12= BSI Phobic Anxiety subscale; 13= BSI Paranoid Ideation subscale; 14= BSI Psychoticism subscale.

Table 10. *Multiple Linear Regression: Body Areas Satisfaction predicted by the Internalization of the dominant White beauty standards (N = 427)*

Variable	Body Areas Satisfaction						
	<i>B</i>	<i>SE B</i>	95%CI	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$	<b>F</b>
General	-.03	.06	-.14, .08	-.04			
Athlete	-.05	.08	-.20, .10	-.04			
Pressures	-.19	.06	-.30, -.07	-.24*			
Information	.04	.04	-.04, .12	0.6			
					.07	.06	7.72**

*Note.* \* $p < .01$ , \*\* $p < .001$ ; General = Internalization – General subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3); Athlete = Internalization – Athlete subscale of the SATAQ-3; Pressures = Pressures subscale of the SATAQ-3; Information = Information subscale of the SATAQ-3.

Table 11. *MANOVA for Ethnicity and the Internalization of the White Beauty Standards (N=427)*

<b>Subscales<sup>a</sup></b>	<b>Mean Square</b>	<b>F</b>	<b>R<sup>2</sup></b>	<b>Adj. R<sup>2</sup></b>	<b>Partial <math>\eta^2</math></b>	<b>Observed Power<sup>b</sup></b>	<b>Sig.</b>
General	40.62	.56	.011	-.009	.011	.259	.81
Athlete	18.13	1.0	.020	0	.020	.470	.43
Pressures	44.31	.82	.017	-.004	.017	.383	.58
Information	59.07	.81	.016	-.004	.016	.378	.60

Note. <sup>a</sup>Dependent variables: General = Internalization – General subscale of the Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3); Athlete = Internalization –Athlete subscale of the SATAQ-3; Pressures = Pressures subscale of the SATAQ-3; Information = Information subscale of the SATAQ-3. <sup>b</sup>Computed using alpha = .05

Table 12. *Paired-Samples T- Test Comparing Asian American Women's Levels of Satisfaction with Different Body Part Conditions (N = 427)*

	<b>M</b>	<b>SD</b>	<b>t</b>	<b>Sig. (2-tailed)</b>
Pair 1			-5.70	.000*
Face	3.60	.89		
Hair	3.92	.99		
Pair 2			7.93	.000*
Face	3.60	.89		
Lower torso	3.12	1.11		
Pair 3			14.23	.000*
Face	3.60	.89		
Mid torso	2.67	1.18		
Pair 4			7.99	.000*
Face	3.60	.89		
Upper torso	3.15	1.06		
Pair 5			10.52	.000*
Face	3.60	.89		
Muscle tone	2.95	1.00		
Pair 6			10.42	.000*
Face	3.60	.89		
Weight	2.91	1.15		
Pair 7			7.99	.013
Face	3.60	.89		
Height	3.44	1.10		
Pair 8			10.52	.002
Face	3.60	.89		
Overall	3.46	.82		
Pair 9			11.87	.000*
Hair	3.92	.99		
Lower torso	3.12	1.11		
Pair 10			18.29	.000*
Hair	3.92	.99		
Mid torso	2.67	1.18		
Pair 11			11.91	.000*
Hair	3.92	.99		
Upper torso	3.15	1.06		
Pair 12			14.88	.000*
Hair	3.92	.99		
Muscle tone	2.95	1.00		
Pair 13			14.09	.000*
Hair	3.92	.99		
Weight	2.91	1.15		
Pair 14			7.13	.000*
Hair	3.92	.99		
Height	3.44	1.10		
Pair 15			8.32	.000*

Hair	3.92	.99		
Overall	3.46	.82		
Pair 16			7.48	.000*
Lower torso	3.12	1.11		
Mid torso	2.66	1.18		
Pair 17			-.52	.603
Lower torso	3.12	1.11		
Upper torso	3.15	1.06		
Pair 18			2.87	.004
Lower torso	3.12	1.11		
Muscle tone	2.95	1.00		
Pair 19			3.98	.000*
Lower torso	3.12	1.11		
Weight	2.91	1.15		
Pair 20			-5.07	.000*
Lower torso	3.12	1.11		
Height	3.44	1.10		
Pair 21			-7.31	.000*
Lower torso	3.12	1.11		
Overall	3.46	.82		
Pair 22			-8.27	.000*
Mid torso	2.67	1.18		
Upper torso	3.15	1.06		
Pair 23			-4.94	.000*
Mid torso	2.67	1.18		
Muscle tone	2.95	1.00		
Pair 24			-5.11	.000*
Mid torso	2.67	1.18		
Weight	2.91	1.15		
Pair 25			-11.25	.000*
Mid torso	2.67	1.18		
Height	3.44	1.10		
Pair 26			-16.41	.000*
Mid torso	2.67	1.18		
Overall	3.46	.82		
Pair 27			3.34	.002
Upper torso	3.15	1.06		
Muscle tone	2.95	1.00		
Pair 28			4.04	.000*
Upper torso	3.15	1.06		
Weight	2.91	1.15		
Pair 29			-4.21	.000*
Upper torso	3.15	1.06		
Height	3.44	1.10		
Pair 30			-6.27	.000*



Upper torso	3.15	1.06		
Overall	3.46	.82		
Pair 31			.78	.438
Muscle tone	2.95	1.00		
Weight	2.91	1.15		
Pair 32			-7.21	.000*
Muscle tone	2.95	1.00		
Height	3.44	1.10		
Pair 33			-10.35	.000*
Muscle tone	2.95	1.00		
Overall	3.46	.82		
Pair 34			-7.86	.000*
Weight	2.91	1.15		
Height	3.44	1.10		
Pair 35			-12.68	.000*
Weight	2.91	1.15		
Overall	3.46	.82		
Pair 36			-.25	.799
Height	3.44	1.10		
Overall	3.46	.82		

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## Appendix A

Teachers College, Columbia University  
525 West 120<sup>th</sup> Street  
New York NY 10027  
212 678 3000  
[www.tc.edu](http://www.tc.edu)

### **INFORMED CONSENT**

Dear Participant,

**DESCRIPTION OF THE RESEARCH:** You are invited to participate in a research study on Asian American females' social attitudes in the contemporary American society. More specifically, I am interested in your experiences associated with the White beauty standards, body images and race. You will be asked to complete several surveys online. I encourage you to answer openly and honestly, as your may inform future research projects. To participate, you identify as Asian American female and be at least 18 years old.

**RISKS AND BENEFITS:** There are no foreseeable physical risks associated with your participation. Participants may feel discomfort while sharing information on sensitive issues related to body image and race. If such discomfort should arise, participants can discontinue their participation in the study at any time without jeopardy. There are no direct benefits for participating in the study. Some participants might potentially experience a feeling of relief after sharing their experience in a low-risk, anonymous manner. Participants may also gain indirect personal satisfaction from contributing to the body of knowledge on issues related to social attitudes of Asian American females to inform psychological practice.

**PAYMENTS:** In thanks for the contribution of your time, all participants will be automatically enrolled in a raffle to win one of four \$25 gift cards. Your name will be automatically enrolled in the raffle upon submission of your informed consent form before responding to the surveys. You will have a 4 in 500 chance (or 1 in 125 chance) odds of winning. Your name and email will then be replaced with a numerical code so as to ensure anonymity.

**DATA STORAGE TO PROTECT CONFIDENTIALITY:** All information that you, as a participant, provide will be kept anonymous and confidential, as required by law. Only the researcher mentioned above will have access to the information that participants offer. All personal information provided by the participants will be kept private. Each survey packet will be numerically coded to ensure anonymity. Codes will not be published nor shared with anyone outside of the research team, and will only be used for categorical purposes. All materials (consent forms etc.) will be locked in a file cabinet that will be stored in a locked room. Access to the material will be permitted only in circumstances where the data needs to be verified for data entry purposes.

**TIME INVOLVEMENT:** Your participation will take approximately 20-25 minutes.

HOW WILL RESULTS BE USED: The results of the study will be used to inform the principal investigator's doctoral dissertation. The results might also be presented at professional conferences and published in relevant professional journals.

If you would like further information regarding your rights as a research participant, you may contact the Institutional Review Board at Teachers College, Columbia University, 525 W. 120<sup>th</sup> Street, New York, NY 10027, or by phoning (212) 678-4106. You may also contact me at the phone number provided below.

Sincerely,

---

Pei-Han Cheng, MA  
Doctoral Candidate in Counseling Psychology  
Department of Counseling and Clinical Psychology  
Teachers College, Columbia University  
[phc2109@tc.columbia.edu](mailto:phc2109@tc.columbia.edu)  
(617) 460-4841

Appendix B

Personal Data Sheet

This questionnaire is designed to obtain demographic information. Please check the answer corresponding to the appropriate response or provide a specific response in the blank.

1. Age \_\_\_\_\_

2. Gender (check one)

Male \_\_\_\_\_

Female \_\_\_\_\_

3. Generational Status

1<sup>st</sup> generation \_\_\_\_\_

2<sup>nd</sup> generation \_\_\_\_\_

3<sup>rd</sup> generation \_\_\_\_\_

4<sup>th</sup> generation \_\_\_\_\_

5<sup>th</sup> generation and beyond \_\_\_\_\_

4. Ethnicity

\_\_\_\_\_

5. Country of Origin (Specify)

\_\_\_\_\_

6. If born outside of the United States,  
How many years have you lived here?

7. Educational Level

(Circle highest grade completed)

Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 13 14 15 16

Grad School: 17 18 19 20

5 + years of Grad School : 21

8. Socioeconomic Status

(Check one)

Lower Class \_\_\_\_\_

Working Class \_\_\_\_\_

Lower Middle Class \_\_\_\_\_

Middle Class \_\_\_\_\_

Upper Middle Class \_\_\_\_\_

Upper Class \_\_\_\_\_

9. Religious Affiliation (check one)

Catholic \_\_\_\_\_

Protestant \_\_\_\_\_

Christian \_\_\_\_\_

Jewish \_\_\_\_\_

Muslim \_\_\_\_\_

Hindu \_\_\_\_\_

Buddhist \_\_\_\_\_

None \_\_\_\_\_

Other (specify) \_\_\_\_\_

10. Sexual Orientation

Heterosexual \_\_\_\_\_

Lesbian \_\_\_\_\_

Bisexual \_\_\_\_\_

Transgendered \_\_\_\_\_

Unsure/Questioning \_\_\_\_\_

11. Occupation:

\_\_\_\_\_

12. Region of Residency:

Northeast \_\_\_\_\_

Southeast \_\_\_\_\_

Midwest \_\_\_\_\_

West \_\_\_\_\_

Southwest \_\_\_\_\_

13.Race (check one)

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_ Native American \_\_\_\_\_

Biracial \_\_\_\_\_ Other (specify) \_\_\_\_\_



## Appendix C

### POCRIAS

Instructions: This questionnaire is designed to measure people's social and political attitudes concerning race and ethnicity. Since different people have different opinions, there are no right or wrong answers. Use the scale below to respond to each statement according to the way you see things. Be as honest as you can. Beside each item number, indicate the number that best describes how you feel.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. In general, I believe that Whites are superior to other racial groups.	1	2	3	4	5
2. I feel more comfortable being around Whites than I do being around people of my own race.	1	2	3	4	5
3. In general, people of my race have not contributed very much to White society.	1	2	3	4	5
4. I am embarrassed to be the race I am.	1	2	3	4	5
5. I would have accomplished more in life if I had been born White.	1	2	3	4	5
6. Whites are more attractive than people of my race.	1	2	3	4	5
7. People of my race should learn to think and act like Whites.	1	2	3	4	5
8. I limit myself to White activities.	1	2	3	4	5
9. I think racial minorities blame Whites too much for their problems.	1	2	3	4	5
10. I feel unable to involve myself in Whites' experiences, and am increasing my involvement in experiences involving people of my race.	1	2	3	4	5
11. When I think about how Whites have treated people of my race, I feel an overwhelming anger.	1	2	3	4	5
12. I want to know more about my culture.	1	2	3	4	5
13. I limit myself to activities involving people of my own race.	1	2	3	4	5
14. Most Whites are untrustworthy.	1	2	3	4	5

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 15. White society would be better off if it were based on the cultural values of my people.                                | 1 | 2 | 3 | 4 | 5 |
| 16. I am determined to find my cultural identity.  | 1 | 2 | 3 | 4 | 5 |
| 17. Most Whites are insensitive.   | 1 | 2 | 3 | 4 | 5 |
| 18. I reject all White values.   | 1 | 2 | 3 | 4 | 5 |
| 19. My most important goal in life is to fight the oppression of my people.  | 1 | 2 | 3 | 4 | 5 |
| 20. I believe that being from my cultural background has caused me to have many strengths.                                 | 1 | 2 | 3 | 4 | 5 |
| 21. I am comfortable with people regardless of their race.   | 1 | 2 | 3 | 4 | 5 |
| 22. People, regardless of their race, have strengths and limitations.  | 1 | 2 | 3 | 4 | 5 |
| 23. I think people of my culture and the White culture differ from each other in some ways, but neither group is superior. | 1 | 2 | 3 | 4 | 5 |
| 24. My cultural background is a source of pride to me.   | 1 | 2 | 3 | 4 | 5 |
| 25. People of my culture and White culture have much to learn from each other.   | 1 | 2 | 3 | 4 | 5 |
| 26. Whites have some customs that I enjoy.   | 1 | 2 | 3 | 4 | 5 |
| 27. I enjoy being around people regardless of their race.  | 1 | 2 | 3 | 4 | 5 |
| 28. Every racial group has some good people and some bad people.   | 1 | 2 | 3 | 4 | 5 |
| 29. Minorities should not blame Whites for all their social problems.  | 1 | 2 | 3 | 4 | 5 |
| 30. I do not understand why Whites treat minorities the way they do.   | 1 | 2 | 3 | 4 | 5 |
| 31. I am embarrassed about some of the things I feel about my people.  | 1 | 2 | 3 | 4 | 5 |
| 32. I am not sure where I really belong.   | 1 | 2 | 3 | 4 | 5 |
| 33. I have begun to question my beliefs.   | 1 | 2 | 3 | 4 | 5 |
| 34. Maybe I can learn something from people of my race.  | 1 | 2 | 3 | 4 | 5 |
| 35. White people can teach me more about surviving in this world   | 1 | 2 | 3 | 4 | 5 |

than people of my own race can, but people of my race can teach me more about being human.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 36. I don't know whether being the race I am is an asset or a deficit.   | 1 | 2 | 3 | 4 | 5 |
| 37. Sometimes I think Whites are superior and sometimes I think they're inferior to people of my race.                       | 1 | 2 | 3 | 4 | 5 |
| 38. Sometimes I am proud of the racial group to which I belong and sometimes I am ashamed of it.                             | 1 | 2 | 3 | 4 | 5 |
| 39. Thinking about my values and beliefs takes up a lot of my time.  | 1 | 2 | 3 | 4 | 5 |
| 40. I'm not sure how I feel about myself.  | 1 | 2 | 3 | 4 | 5 |
| 41. White people are difficult to understand.  | 1 | 2 | 3 | 4 | 5 |
| 42. I find myself replacing old friends with new ones who are from my culture.   | 1 | 2 | 3 | 4 | 5 |
| 43. I feel anxious about some of the things I feel about people of my race.  | 1 | 2 | 3 | 4 | 5 |
| 44. When someone of my race does something embarrassing in public, I feel embarrassed.                                       | 1 | 2 | 3 | 4 | 5 |
| 45. When both White people and people of my race are present in a social situation, I prefer to be with my own racial group. | 1 | 2 | 3 | 4 | 5 |
| 46. My values and beliefs match those of Whites more than they do people of my race.   | 1 | 2 | 3 | 4 | 5 |
| 47. The way Whites treat people of my race makes me angry.   | 1 | 2 | 3 | 4 | 5 |
| 48. I only follow the traditions and customs of people of my racial group.   | 1 | 2 | 3 | 4 | 5 |
| 49. When people of my race act like Whites I feel angry.   | 1 | 2 | 3 | 4 | 5 |
| 50. I am comfortable being the race I am.  | 1 | 2 | 3 | 4 | 5 |

## Appendix D

### SATAQ-3

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Completely Disagree</b>	<b>Mostly Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Mostly Agree</b>	<b>Completely Disagree</b>
1. TV programs are an important source of information about fashion and "being attractive."	1	2	3	4	5
2. I've felt pressure from TV or magazines to lose weight.	1	2	3	4	5
3. I <u>do not</u> care if my body looks like the bodies of people who are on TV.	1	2	3	4	5
4. I compare my body to the bodies of people who are on TV.	1	2	3	4	5
5. TV commercials are an important source of information about fashion and "being attractive."	1	2	3	4	5
6. I <u>do not</u> feel pressure from TV or magazines to look pretty.	1	2	3	4	5
7. I would like my body to look like the models who appear in magazines.	1	2	3	4	5
8. I compare my appearance to the appearance of TV and movie stars.	1	2	3	4	5
9. Music videos on TV are <u>not</u> an important source of information about fashion and "being attractive."	1	2	3	4	5
10. I've felt pressure from TV and magazines to be thin.	1	2	3	4	5
11. I would like my body to look like the people who are in movies.	1	2	3	4	5
12. I <u>do not</u> compare my body to the bodies of people who appear in magazines.	1	2	3	4	5

13. Magazine articles are not an important source of information about fashion and "being attractive." 1 2 3 4 5
14. I've felt pressure from TV or magazines to have a perfect body. 1 2 3 4 5
15. I wish I looked like the models in music videos. 1 2 3 4 5
16. I compare my appearance to the appearance of people in magazines. 1 2 3 4 5
17. Magazine advertisements are an important source of information about fashion and "being attractive." 1 2 3 4 5
18. I've felt pressure from TV or magazines to diet. 1 2 3 4 5
19. I do not wish to look as athletic as the people in magazines. 1 2 3 4 5
20. I compare my body to that of people in "good shape." 1 2 3 4 5
21. Pictures in magazines are an important source of information about fashion and "being attractive." 1 2 3 4 5
22. I've felt pressure from TV or magazines to exercise. 1 2 3 4 5
23. I wish I looked as athletic as sports stars. 1 2 3 4 5
24. I compare my body to that of people who are athletic. 1 2 3 4 5
25. Movies are an important source of information about fashion and "being attractive." 1 2 3 4 5
26. I've felt pressure from TV or magazines to change my appearance. 1 2 3 4 5
27. I do not try to look like the people on TV. 1 2 3 4 5
28. Movie stars are not an important source of information about fashion and "being attractive." 1 2 3 4 5
29. Famous people are an important source of information about fashion and "being attractive." 1 2 3 4 5
30. I try to look like sports athletes. 1 2 3 4 5

Appendix E

MBSRQ-AS

**PLEASE READ CAREFULLY:** The following pages contain a series of statements about how people might think, feel, or behave. In order to complete the questionnaire, read each statement carefully and decide to what extent it pertains to you personally. Using a scale like the one below, indicate your answer by entering it to the left of the number of the statement. There are no right or wrong answers. Just give the answer that most accurately describes you at the present time. Remember, your responses are confidential, so please be completely honest and answer all items.

**EXAMPLE:**

\_\_\_\_\_ I am usually in a good mood.

In the black space, enter a **1** if you **definitely disagree** with the statement;

enter a **2** if you **mostly disagree**;

enter a **3** if you **neither agree nor disagree**;

enter a **4** if you **mostly agree**;

or enter a **5** if you **definitely agree** with the statement.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Definitely Disagree</b>	<b>Mostly Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Mostly Agree</b>	<b>Definitely Agree</b>

\_\_\_\_\_ 1. Before going out in public, I always notice how I look.

\_\_\_\_\_ 2. I am careful to buy clothes that will make me look my best.

\_\_\_\_\_ 3. My body is sexually appealing.

\_\_\_\_\_ 4. I constantly worry about being or becoming fat.

\_\_\_\_\_ 5. I like my looks just the way they are.

\_\_\_\_\_ 6. I check my appearance in a mirror whenever I can.

- \_\_\_\_\_ 7. Before going out, I usually spend a lot of time getting ready.
- \_\_\_\_\_ 8. I am very conscious of even small changes in my weight.
- \_\_\_\_\_ 9. Most people would consider me good-looking.
- \_\_\_\_\_ 10. It is important that I always look good.
- \_\_\_\_\_ 11. I use very few grooming products.
- \_\_\_\_\_ 12. I like the way I look without my clothes on.
- \_\_\_\_\_ 13. I am self-conscious if my grooming isn't right.
- \_\_\_\_\_ 14. I usually wear whatever is handy without caring how it looks.
- \_\_\_\_\_ 15. I like the way my clothes fit me.

*continued on the next page...*

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<b>Definitely Disagree</b>	<b>Mostly Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Mostly Agree</b>	<b>Definitely Agree</b>

- \_\_\_\_\_ 16. I don't care what people think about my appearance.
- \_\_\_\_\_ 17. I take special care with my hair grooming.
- \_\_\_\_\_ 18. I dislike my physique.
- \_\_\_\_\_ 19. I am physically unattractive.
- \_\_\_\_\_ 20. I never think about my appearance.
- \_\_\_\_\_ 21. I am always trying to improve my physical appearance.
- \_\_\_\_\_ 22. I am on a weight-loss diet.

**For the remainder of the items, use the response scale given with the item and enter your answer in the space beside the item.**

\_\_\_\_\_ 23. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

\_\_\_\_\_ 24. I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

\_\_\_\_\_ 25. From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

**26-34. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:**

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<b>Very Dissatisfied</b>	<b>Mostly Dissatisfied</b>	<b>Neither Agree Nor Dissatisfied</b>	<b>Mostly Satisfied</b>	<b>Very Satisfied</b>

\_\_\_\_\_ 26. Face (facial features, complexion)



- \_\_\_\_\_ 27. Hair (color, thickness, texture)
- \_\_\_\_\_ 28. Lower torso (buttocks, hips, thighs, legs)
- \_\_\_\_\_ 29. Mid torso (waist, stomach)
- \_\_\_\_\_ 30. Upper torso (chest or breasts, shoulders, arms)
- \_\_\_\_\_ 31. Muscle tone
- \_\_\_\_\_ 32. Weight
- \_\_\_\_\_ 33. Height
- \_\_\_\_\_ 34. Overall appearance

## Appendix F

### Reliability Estimates for POCRIAS

According to Helms (2007), the basic assumptions of Cronbach's alpha need to be assessed while determining reliability for POCRIAS. First, a correlation matrix showed that item responses were not positively correlated in this study. The second assumption was to examine the inter-item homogeneity of variances (Feldt & Charter, 2003). If the ratio between the largest item standard deviation and the smallest item standard deviation is less than 1.3, Cronbach alpha can be considered as an appropriate estimate of internal consistency reliability. In this study, the result of the comparison was 2.02, more than 1.3. According to Helms et al. (2005), an alternative estimate of internal consistency reliability should be used, such as theta. In Carter and Reynolds' (2001) study, the theta coefficients were as follows:  $\theta = .75$  (Conformity),  $\theta = .82$  (Dissonance),  $\theta = .80$  (Immersion/Resistance), and  $\theta = .75$  (Internalization). For this current study, the the theta coefficients were as follows:  $\theta = .78$  (Conformity),  $\theta = .80$  (Dissonance),  $\theta = .81$  (Immersion/Resistance), and  $\theta = .81$  (Internalization).

## Appendix G

### Preliminary Analysis: MANOVA for Testing Covariates

In order to determine whether any demographic variables are covariates and should be controlled for in the primary analysis, a 4 (Age) X 4 (Generational Status) X 9 (Ethnicity) X 3 (Socioeconomic Status) X 8 (Religion) X 2 (Sexual Orientation) X 3 (Education) X 5 (Residence) MANOVA was conducted on the 22 primary variables in the study.

Results showed three statistically significant MANOVA main effects for sexual orientation, Wilks'  $\lambda = .88$ ,  $F(22, 369) = 2.21$ ,  $p < .01$ ; ethnicity Wilks'  $\lambda = .55$ ,  $F(176, 2681.791) = 1.32$ ,  $p < .01$ ; and socioeconomic status Wilks'  $\lambda = .83$ ,  $F(44, 738) = 1.59$ ,  $p < .05$ . Although the MANOVA main effects were statistically significant, the multivariate effect size (partial  $\eta^2$ ) was .11, .07, and .09 respectively. Therefore, the observed main effects were too small to indicate meaningful group differences by sexual orientation, ethnicity, and socioeconomic status. Additionally, the MANOVA revealed no significant multivariate main effects for age, Wilks'  $\lambda = .82$ ,  $F(66, 1102.797) = 1.18$ ,  $p = .16$ ; generational status, Wilks'  $\lambda = .88$ ,  $F(44, 738) = 1.06$ ,  $p = .37$ ; religion, Wilks'  $\lambda = .64$ ,  $F(154, 2483.944) = 1.13$ ,  $p = .14$ ; education, Wilks'  $\lambda = .86$ ,  $F(44, 738) = 1.31$ ,  $p = .09$ ; and residence, Wilks'  $\lambda = .78$ ,  $F(88, 1461.605) = 1.12$ ,  $p = .23$ .